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STATE REGISTRATION FOR NURSES

By L. L. DOCK

REQUESTS have come to the JOURNAL from different sources for an article on State registration, but as it seems to me probable that the public, including nurses, might get a clearer light on the subject through a compilation of current opinions, I have, instead of preparing an article, put together various cuttings, commenting upon them as they run along, and italicizing such points as call for special notice.

An interesting correspondence lately appeared in the *British Medical Journal* giving the arguments for and against registration. It was begun by Dr. Havell, who wrote a long and serious letter advocating State regulation of the education of the nurse. The tone of his argument was dignified, scholarly, and also expressive of true regard for the nursing profession. It is too long to quote in full, but among other things he gave examples of unfit and irresponsible women in the nurses' uniform, and then said:

"For the purpose of this argument mankind may be divided into three classes—doctors, patients, and nurses. In the interest of all three classes it is high time to unite into a disciplined army the irregular forces of the nursing profession.

"It is in no hostile spirit that I urge this plea. I yield to no one in admiration of the excellent spirit, high character, and devotion to duty of the great majority of the members of this indispensable and exalted calling.

"Among nurses themselves I believe the feeling is strong. I am convinced they would welcome any centripetal force which would weld these disorganized units into an organized body. These forces could be exercised by no one so fitly as our association. A bill constituting a general nursing authority, composed of representatives of the medical and nursing professions and the laity, having power for directing the educational qualifications and registration of nurses, would, I believe, be approved by the majority of members.

"It might be desirable to divide nurses into two classes,—trained and

untrained,—in the same manner as teachers in the public elementary schools are classified as certificated or not."

While the tone of Dr. Havell's letter is friendly and sympathetic, several of his points would probably not be allowed by organized nurses in this country or by a majority of those in England. It is, for instance, a great mistake to suppose that the medical associations can weld disorganized nurses into a solid body; nor would it be desirable for them to try to lead in such a movement. It is universally conceded, in this country, at least, that real progress, real growth, can only come from within. Nurses must do their own organizing, and, when the time comes, their own legislating. Any set of people, no matter who, who would allow such things done for them are no better than a flock of sheep, and deserve no more distinguished fate.

Dr. Havell's suggestion of the central board, including laity, physicians, and nurses, is good. He, however, does not say how it shall be formed, and this is the point that would mark the status attained by the nurse,—a point of great significance, which is brought out later in our compilation. I think, also, his idea of two classes of nurses would not receive favor here, as the same classification of public-school teachers does not exist in this country. What seems to be the rational and simple method is that the State should specify a minimum general training which all nurses must have, and beyond this let all who will advance continually. Then the minimum will gradually rise as a higher example is set. Strict classification tends to create caste and a fixed state, and so to retard growth.

To Dr. Havell's letter Mr. Sydney Holland replied in opposition. Mr. Holland holds the calling of the nurse in as high esteem as any man living, and in his position as chairman of the London Hospital he gives continual proofs of his real and practical regard for nurses and their welfare. He, however, looks at the question from the stand-point of the old-fashioned paternalism, viewing an independent life for the nurse with sincere distrust, and believing that State regulation of her education will knock away all moral support from her life.

His letter, an extract from which follows, sounds, we must admit, in comparison with that of Dr. Havell, somewhat superficial and flip-pant:

"Will anyone tell me how an officious nurse, a cruel nurse (by negligence or manner), a dirty nurse, a careless nurse, a flirting nurse, an occasional drinking nurse, an immoral nurse,—not too glaringly so,—will anyone tell me how any of these could be turned off the registry? Why, it would mean an action at law in every case. It would be as difficult as to get rid of a bad clergyman. If I am granted that these women could not be turned off a registry,

what a farce registration would-be. You might have on the registry a really very bad woman, combining all the above failings, yet going about with the government hall-mark on her."

It will be noticed that Mr. Holland makes the mistake of regarding the State registration as but another and more irresponsible form of "Intelligence Office," or place where one goes to obtain certificates of "character" of desired employes. Needless to say, this is an entirely erroneous way of approaching the question. The State will but safeguard a certain minimum standard of requisite professional education, as is well shown in the admirable letter of Miss Catherine Wood, one of our Congress delegates. Miss Wood says:

"I quite agree that no register can guarantee the 'character' of those placed on it. I only claim for it that it provides a means of testing and endorsing the value of the manifold certificates at present floating about; that by the machinery of the register it will be possible to evolve order out of the existing chaos of training, and that its indirect action will be to form a professional and ethical standard which will in time steady and elevate the profession. The subtle question of 'character,' the discovery of the 'good woman,' must be left, as always, in the hands of the nurse training-schools. Would that they realized their immense responsibility in the matter!

"Even when a conscientious matron is anxious to purge her school of those about whose character she is doubtful, she finds an almost insuperable difficulty in convincing her board that she is not, in the absence of definite and overt misconduct, acting as the tyrannous woman in power.

"At least registration will prevent the rejected candidate from masquerading in the uniform of the qualified nurse, often under the style and title of the hospital which refused her a certificate."

The *British Medical Journal* then made the subject one of a long editorial, in which the early history of English organization for the purpose of registration was reviewed, the failure of the Royal British Nurses' Association to work for legislation was recounted, and the arising of the new movement was described in a sympathetic and understanding way. The editorial discussed the form and composition of a State society and proceeded as follows:

"Those who questioned the wisdom of admitting the medical profession to membership (in the Royal British Nursing Association) felt that in doing so they were consulting the best interests of the nurse. It is a well-known fact that when men and women meet on any consultative body the women rarely take their full share in consultation, and bearing in mind the relative position of doctor and nurse, it was thought that free discussion among the rank and file would be impossible.

"The result seems to have proved that these fears were well grounded.

"The reports of the proceedings show that the conduct of affairs is largely in the hands of the medical members; the medical secretary presents the reports;

most of the speeches were made by the same members; the nurses are practically silent. Whilst admitting that the medical members were actuated by the single desire to promote the interests of the nurses by thus joining hands with them, it seems that their position on the council has had the effect of putting the nurses out of the active management of their own affairs."

These words are full of instruction, and we recommend all nurses to ponder them well. In this country a number of the medical journals have given editorial mention to the new movement for State registration, and all so far have been of liberal tone and sympathetic attitude. They do not show the slightest hint of a disposition to take over the initiative or assume the lead in securing State regulation, but express friendly and encouraging interest, and this tone deepens the conviction that the best part of the medical profession holds it unethical to control the nurse outside of the care of the patient, and that we shall always receive support, good advice, and a chivalrous non-interference from those to whom we most cheerfully accord deference and respect.

The following editorial from the *Buffalo Medical Journal* gives the general tone of all:

"STATE LICENSE FOR NURSES.—In keeping with the reforms that have been established in this country within the past few years relating to the protection of human health and life, the suggestion has been made recently that graduate nurses who propose to practise their profession shall obtain a license from the State, conferred after due examination. To this general proposition there can be no reasonable objection, but, of course, opinions will differ as to the methods of establishing it.

"One of the chief difficulties to overcome is the fact that almost every hospital, public and private, in large cities and small towns has established a training-school to promote its own particular interests. In this way the public has thrust upon it all sorts of nurses with all kinds of training. Some, of course, have received adequate instruction to fit them for general nursing, and such are competent to carry out the instructions of a physician in any case, whether pertaining to general or special medicine, from typhoid fever to obstetric service. These, however, have been graduated from the best training-schools, which, comparatively speaking, are few in number.

"In the private or smaller hospitals the training is usually adapted to the requirements of the patients that are under special treatment; hence, such nurses, speaking generally, do not receive as elaborate instruction and are not as well equipped for general nursing as are those from the larger institutions. We have heard the criticism that nurses in the general and larger training-schools fail to receive instruction with reference to what may be termed the niceties of nursing. The proper preparation of a tray, bringing food hot to a patient's room, the administration of a bath or the general arrangement of the patient's toilet, frequently become as important factors in the ministrations to the sick as promptitude or adequacy in medicinal dosage. A nurse who cannot do all this and do it well has no place in the sick-room. In certain private or

small hospitals, particularly those where women only are taken for treatment, greater attention is given to the refinements of nursing, and a graduate from such an institution is generally equipped in the best manner possible for private nursing among people of education.

"On the other hand, the large hospitals pay considerable attention to operative procedures and other glittering generalities, but scarcely any attention to the refinements of nursing. In other words, there is no uniformity in the curriculum for the training of nurses, each hospital, public or private, establishing its own methods and standards. The result is that this kind of instruction is in a somewhat heterogeneous state. Nurses have been admitted in many instances without adequate preliminary requirements, their training-school life has not been properly directed, and their final examinations have not been as strict as the importance of the subject demands.

"It would seem to be in keeping with the spirit of the age to place the education of nurses in the hands of the Regents of the University of the State of New York, and in this way make it conform to the general scheme for education, professional and otherwise, established by law. By such a plan the number of training-schools could be reduced, the efficiency of others enhanced, and the quality of nurses improved. A State license is a prize that would stimulate the best efforts on the part of pupils and would lift the trade of nursing to the higher level of a profession."

We have noticed that Dr. Havell indicated nurses, doctors, and laity as composing an ideal Examining Board.

This is in accordance with the ideas of American nurses, who from the inception of organization have felt that a State board dealing with questions of a nurse's education must have nurses sitting upon it. Nurses must examine in nursing, physicians in medicine, and the lay element will, in New York State, be found in the Regents, under whose guidance all educational standards are fixed.

We have also felt from the beginning that the nominations for these Examining Boards must be made by the State societies, and this is the most important of all reasons for insisting on a purely self-governing society of nurses.

The nominations once made by the society, the choice of a certain number of the list of nominees is the prerogative of some authority fixed by the law of the State. In many States the Governor chooses; in New York State the Regents make the choice. No nurse of intelligence can fail to see the importance of this nominating privilege. The last word upon this subject, completely supporting the principles of American nurses, is the letter written by Miss Louisa Stevenson, president of the newly formed Society for State Registration of Nurses in England, from which we give extracts.

Our readers who were at the Congress will remember Miss Stevenson well, her dear, venerable face and sweet voice, and her broad liberality on educational topics. Miss Stevenson is one of the governors of

the Edinburgh Royal Infirmary, and believes in men and women working together on an equal plane.

Part of her letter is as follows:

"At present the majority of the public have no means of judging between a true and a spurious nurse, and there are certificates floating about which are worse than valueless. What is the remedy? We must have, and we must work and fight till we get it, a strong, intelligent, and enlightened central authority who shall regulate and define the qualifications necessary to entitle a nurse to have her name placed on a State register. *This council should consist of a majority of experienced matrons, a certain number of doctors,—men or women,—and lay members of hospital boards, with experience and knowledge of nursing matters, all to be elected eventually by registered nurses themselves.* An opinion has been expressed that we who favor State registration attach less importance to the character of a nurse than to her technical skill. Such a misunderstanding I desire to repudiate from the first. Indeed, I do not believe that a good nurse, from the technical point of view, can be made out of anyone who is not at the same time a good woman. This, I think, experience has taught us all.

"The door of entrance to what ought to be a nursing profession stands too widely open. It ought to be guarded by preparatory training, by examination, for which the would-be nurse should be required to pay. People do not give their money for what they do not care about. Hundreds imagine or believe that they have a 'vocation' for what costs them nothing, and many such gain admission to hospitals, where they are fed, lodged, informed, taught, and even paid without any pecuniary effort on their part. None of these things will make up to an earnest, educated probationer for the want of efficient hospital teaching. The public can have no idea how this varies, not only in different hospitals, but in the different wards of the same hospital. Power to teach ought to be taken largely into consideration in the appointment of sisters and staff nurses in hospital training-schools. The registration examination would set a standard for the training-schools of the country to work up to, and would tend to lessen the proud isolation of each individual hospital. These examinations should be pass and not competitive, and the candidate's whole hospital career as reported by her matron should be taken into consideration in judging of her fitness for registration. *One of the most encouraging features of this movement is that the demand has come from nurses themselves,* and already close on five hundred are demanding this reform. At the Buffalo Nurses' International Congress last autumn the five hundred delegates present unanimously passed a resolution in favor of State registration. A similar resolution was passed unanimously a few weeks ago by the Scottish Women's Liberal Federation. This I regard as a remarkable testimony from employers and employed alike. The task we have set before us is no light one. Of course, we will make mistakes, but these, I hope, we will rectify when discovered. President Roosevelt once said that the only man who never made mistakes was the man who never did anything. We owe it to the army of first-class nurses, who are doing splendid work in this country, to do our best to insure that in the future no woman shall be entitled to call herself a trained nurse who is not a trained nurse and registered as such, and that the name of any nurse who discredits her profession shall be promptly removed from the register. At present the society is in a minority. The honest opinions of all who differ from us must be received with the most respectful attention, and

we must at the same time do our best to turn this minority into a majority. I am faithfully yours,

"LOUISA STEVENSON.

"13 RANDOLPH CRESCENT, EDINBURGH, May 28, 1902."

These extracts show the current of opinion, and it is most inspiring to know that the effort to obtain legal regulation and status is being carried on simultaneously in England and this country. Our State societies will be observed closely by English nurses, just as we will follow intently their actions. Each must feel fortified for the work before us by the thought that the others are undergoing the same experience.

The one reminder and caution that I think the great mass of nurses need is, to remember that no immediate good results can possibly be seen from legislation, and that its influence will be indirect and slow. The first step—that of having all nurses on a public register—gives them all a definition, but beyond that it leaves everything precisely as it is now. The real advance will be when we can secure by law (a) a fixed minimum of *time* which must be spent in training; (b) a fixed minimum of *subjects* which must be studied practically; (c) definite preliminary requirements.

When these conditions are fixed and proved to the world by a Regents' examination, as agreed upon by our own State society and Board of Examiners, then we may really feel we are making progress.

I would not like, however, to prophesy the immediate coming of this millennium.

THE ESTABLISHMENT OF SCHOOLS FOR NURSES IN CUBA *

By M. EUGÉNIE HIBBARD

Member of the American Society of Superintendents of Training-Schools for Nurses, Late Superintendent of the Santa Isabel Hospital, Matanzas, Cuba, and Superintendent of Hospital No. 1, Havana

With the military occupation by the United States of the Island of Cuba, a country so crossed and barred by events in its previous history, began a new régime, difficult for the people of tropical climes to appreciate, and possibly more difficult for them to imitate and sustain.

The conditions were such in 1898 that vigorous efforts were imperative to make the island habitable for those who were forced or chose to remain in Cuba, aside from the population whose heritage it is.

At once energetic minds set to work to evolve order out of chaos

* Paper sent to the International Congress of Nurses at Buffalo, September, 1901.

and enforce a sanitary administration that would eventually and effectually relieve the country of filth, disease, and the dread scourge, yellow fever, which limited the ingress of foreigners, enforcing quarantine laws extremely trying to travellers, and proving a serious menace to the business interests and development of the island.

It was also essential to arouse the inhabitants from their apathy to a sense of their personal national responsibilities, substituting the practical for the sentimental in actual work, which only could be accomplished by enlisting them as coworkers with those whose knowledge had been secured through experience, and to whom to-day the greatest credit should be generously given for the excellent results.

According to the latest record, Havana, the principal city of the island, has only one rival in the United States in presenting a lower death-rate.

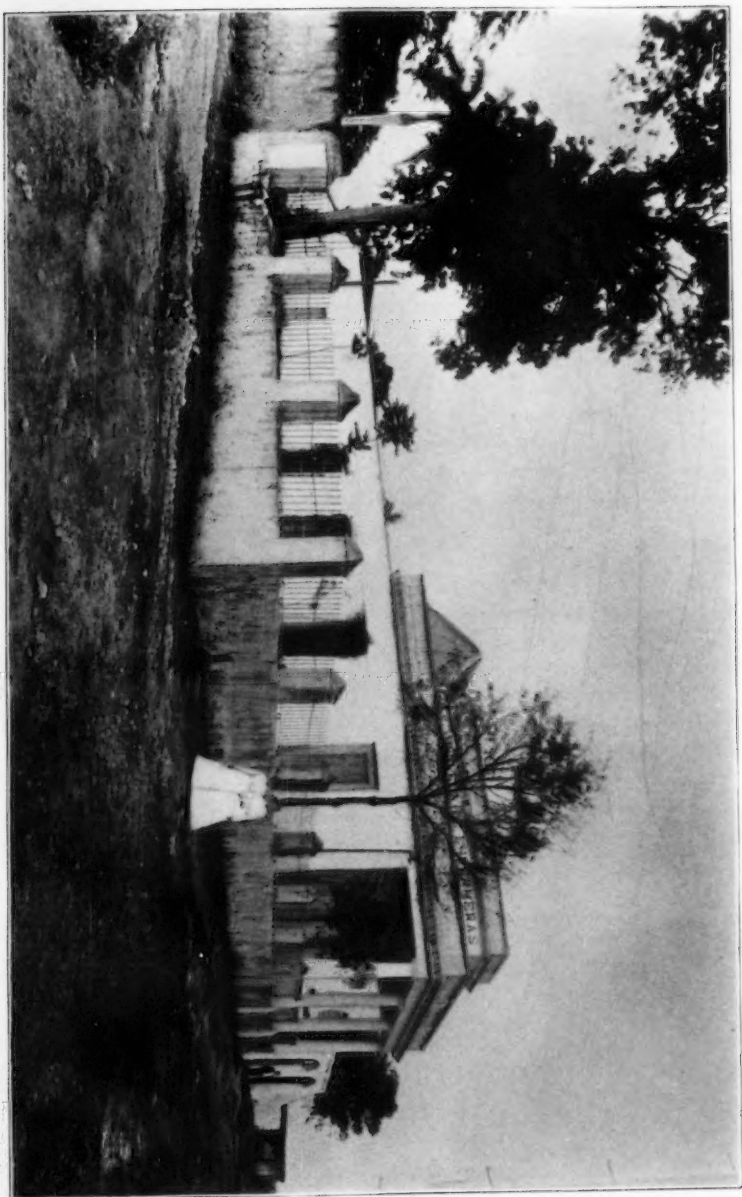
In Cuba, as in most countries that have been dominated by strong religious views and where the government has been practically led by the church, a condition existed that prevented women from taking an active part in philanthropic work, outside the religious orders of Sisters of Charity or members of the various communities recognized by the church. These sisters, among whom there are always some excellent women, had charge of the nursing and domestic departments of the various State institutions, such as hospitals, orphan asylums, and asylums for the poor and destitute, and were considered the legitimate persons to carry on such work.

Unfortunately, their vows restricted them in the performance of duties that are considered an important essential in the care of hospital patients, and which duties were delegated to persons of inferior position and ability to perform.

The strides that the medical profession has made in the line of progress during the last twenty-five years has demanded an evolution in the ranks of so-called nurses, and in countries where the religious orders do not rule the graduate nurse is the result.

A similar one we hope shortly to produce here—educated and trained on lines that will command the respect of the older sisters in the service of nursing.

As inheritors of customs and prejudices founded on Moorish habits, we find the women of Cuba an affectionate, emotional, and irresponsible people, without much moral, mental, or physical force, incapable of sustained effort, and—most to be deplored—without ideals or standards that excel, but with an innate sense of refinement and a disposition to be led through their affections which is most gratifying if properly directed.



CUBAN VILLA

Now the Training School for Nurses, Matanzas, Cuba

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The lack of education among the larger class of women in the ordinary branches, or even the rudiments of Spanish, is an obstacle which is difficult to overcome or overlook.

Out of this material (with the optimistic view predominating) we hope to evolve the traditional calm, self-poised, intelligent, industrious, and ambitious graduate nurse of the twentieth century.

Therefore upon whomsoever the duty falls of introducing new ways, imperceptibly though radically changing social customs, facing the traditions of the country, and to a certain extent the opposition of the church, an exquisite tact is required, which should be controlled by common-sense, good judgment, and a strong desire for the moment to work in harmony with existing conditions, with the end in view of creating such a picture of life and its possibilities for women that will both entice and charm, and be a factor strong enough to overcome scruples that at present prevent women of education and refinement from taking an active part in a life savoring of publicity.

With the passing of the religious to the secular régime, and the subsequent withdrawal of the "sisters" from the various hospitals, the establishment of schools for nurses became an absolute necessity in order to provide for the immediate care of the sick.

The first school for nurses in Cuba was started by Dr. Raimundo Menocal in connection with the "Sanitarium Havana," in the city of Havana. It was opened in January, 1899, with twenty-two pupils, under the charge and theoretical instruction of Dr. Vidal Sotolongo. The sanitarium was closed in the month of May, the same year. The permanent establishment of the schools for nurses, however, is due to the interest and influence of Dr. C. L. Furbush and General Ludlow, assisted ably by Drs. Emiliano Nuñez and Raimundo Menocal. The first school for nurses was officially established and opened in August, 1899. Miss Mary O'Donnell, graduate of Bellevue Hospital, New York City, was appointed superintendent.

Later, and under the direction of Major E. St. J. Greble, Superintendent of the Department of Charities (which is under the general supervision of the Department of State and Government), schools for nurses were established in connection with the following hospitals, named in chronological order:

Hospital Civil, Cienfuegos, March, 1900; Miss Jeanette Byers, superintendent.

Hospital No. 1, Havana, September, 1900; Miss Gertrude W. Moore, superintendent.

Hospital Santa Isabel, Matanzas, October, 1900; Miss M. E. Hibbard, superintendent.

Hospital General, Puerto Principe, November, 1900; Miss Mitchell, superintendent.

Hospital General, Remedios, November, 1900; Miss Samson, superintendent.

Hospital Civil, Santiago de Cuba, January, 1901; Miss G. W. Moore, superintendent.

Making a total of seven. Changes have taken place in the supervision of some of the schools, but the names given are those of the first superintendents appointed.

On the retirement of Major E. St. J. Greble from the position of Superintendent of the Department of Charities, Major J. R. Kean received the appointment, and the subsequent success of the schools is due largely to his personal interest and keen appreciation of the actual requirements at this stage of the schools' existence. Shortly after assuming office, in July, 1901, the following order was issued:

OFFICE SUPERINTENDENT DEPARTMENT OF CHARITIES,
HAVANA, CUBA, July 16, 1901.

By authority of the Military Governor, a Board will be convened to meet in the office of the Superintendent of Charities, Havana, Cuba, at twelve o'clock, July 22, 1901, or as soon thereafter as practicable, to draw up a system of regulations for the training-schools for nurses in Cuba. They will also fix the course and duration of instruction, the requirements for admission, the standard to be required before graduation, and make recommendations with regard to salaries and allowances. The board will also recommend a suitable manual for use in the nurses' schools, and in the hospitals under State control.

The board will be composed as follows:

Dr. Manuel Delfin, Vice-President of the Central Board of Charities of Cuba, Havana.

Dr. Emiliano Nuño, Médico-Director of Mercedes Hospital, Havana.

Dr. Enrique Diago, Médico-Director, Hospital No. 1, Havana.

Mrs. L. W. Quintard, Inspector, Department of Charities.

Miss M. Eugénie Hibbard, Superintendente, "Escuela de Enfermeras," Matanzas.

The Superintendent of Charities will issue the necessary transportation.

J. R. KEAN,

Major and Surgeon, United States Army, Superintendent Department of Charities.

The meetings, several in number, were well attended, and at the end of the month of August, 1901, a "Plan of General Regulations for the Schools for Nurses of the Island of Cuba" was submitted for the approbation of the Central Board of Charities of the Island of Cuba.

Later, in the month of October, 1901, these were made more comprehensive, were somewhat modified, and were again submitted for ap-



"DURING CLASS-HOUR"

Training-School for Nurses, Matanzas, Cuba. M. Eugénie Hibbard, Superintendent

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proval. Eventually, on January 3, 1902, the plan was approved of in its entirety by the Military Governor of the Island of Cuba, General Wood. . . .

The aim and fixed intention of those interested in organizing schools for nurses in Cuba was to put them at once on the highest plane attainable, giving the result of similar work in other countries as sufficient reason to establish a standard that would at once command the respect of the people and the self-respect of the accepted student, defining emphatically a position for the nurse in a country until recently ignorant of her existence. To start with a high standard is a more effectual way of securing success than in placidly allowing conditions to evolve.

The science of nursing has passed the pioneer stage and has now a foundation firm as a rock. Hand in hand with the medical profession (as handmaiden of it), it claims respect for the assistance it gives to suffering humanity and to the advance of medical research. To those who have so earnestly and so wisely encouraged the work of nursing in Cuba the profession owes a heavy debt of gratitude, for without the assistance, interest, and concentrated effort of men of influence and prestige and the hearty support of the Cuban doctors of reputation and influence the work that has been accomplished in Cuba could never have given to the world the history of its existence. To-day the number of pupils in training exceed one hundred and fifty, with at least thirty-seven instructors—American graduates. . . . *

"The object of these schools shall be, first, to further the best interests of the nursing profession by establishing and maintaining a universal standard for instruction and providing students with the proper means of education in the practical care of the sick; second, to secure for the students upon graduation a degree or title which will be a protection in practising their profession and be a recognized means of securing employment; third, to provide hospitals and institutions in the island with skilled service in the nursing department and proper number of graded assistants, thus conferring a benefit to the mass of suffering humanity.

"The schools for nurses are State institutions, attached to hospitals for mutual benefit, but under the direct control of the Department of Charities. The director of the hospital shall be the immediate representative of the department in the school, and the treasurer of the hospital shall be also the treasurer of the school. Separate estimates for the schools shall be prepared and signed by the director and the treasurer."

* From Report of the Military Governor, January 3, 1902.

[NOTE.—In the International Congress Report will be found the rules and regulations governing the Cuban schools, which are most interesting, but would occupy too much space to be given in these pages. We quote, however, several paragraphs from the General Regulations that are especially significant.—Ed.]

"ARTICLE 3. The heads of the schools will be: First, the medical director; second, the superintendent; and, next, the graduate nurses who may be designated to act as assistants to the superintendent.

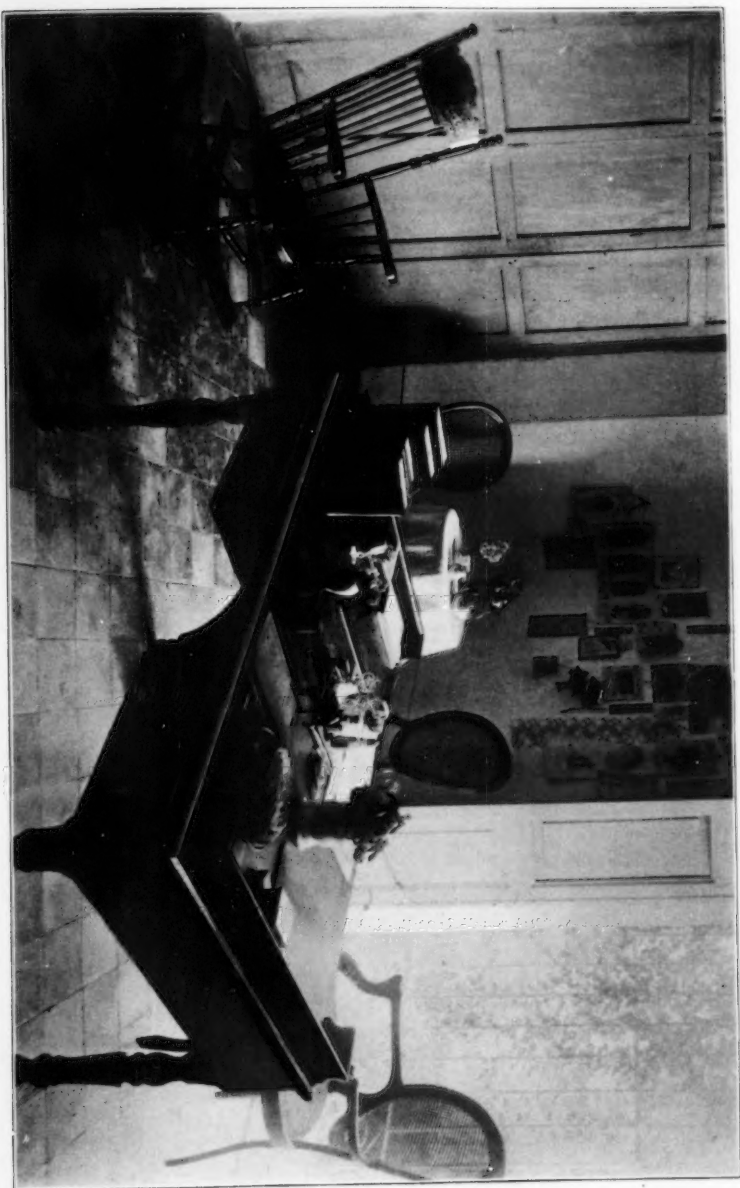
"ARTICLE 4. A committee consisting of three members of the Central Board of Charities, appointed by the same; a professor of the School of Medicine, appointed by the dean; and a graduate nurse holding no position in any school, but having previously filled the position of superintendent, designated by the Department of Charities, will deal with all affairs of a general character affecting the schools. All correspondence will be transmitted through the Department of Charities. This committee will meet regularly once a month, and will hold special meetings as often as necessary.

"ARTICLE 7. At the expiration of the first and second courses, the examinations will take place before a board consisting of two professors belonging to the hospital, designated by the director, and presided over by him or his delegate. Said board will make the students acquainted with the list of subjects of the examination fifteen days in advance.

"ARTICLE 9. At the expiration of the third course, the examination will take place before a board consisting of three professors of the School of Medicine and Pharmacy, appointed by the dean of the faculty. The oldest professor will preside. The degrees in this examination will be those established in the regulations of the School of Medicine and will be noted in the documents of the student, to be kept on file in the Department of Charities.

"ARTICLE 10. The examinations corresponding to the third year will take place in the capital of each province, or in those cities where a large number of students exist, on the dates fixed by the dean of the faculty of medicine, who will notify the directors of the schools and the members of the board designated by them in advance, in order that they may take the necessary measures. The expenses incurred by the members of the board shall be paid by the Department of Charities and Hospitals. The amount assigned to cover said expenses will be eight dollars gold daily and free transportation.

"ARTICLE 12. After the examination of the third course the dean of the faculty will issue a diploma to each student whose exercises have been approved, which diploma shall state that said student is admitted to the practice of the profession of nursing. Said diploma will merit all authorities, as well as from the courts, the respect and consideration



OFFICE OF M. EUGÉNIE HIBBARD
Superintendent Training School for Nurses, Matanzas, Cuba

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due all professional titles. Without this diploma the practice of the profession of nursing is not allowed. Each school will award a silver medal to every student who obtains the diploma of nurse.

"ARTICLE 19. The students will receive as remuneration for their services eight dollars per month during the first year, twelve dollars during the second, and twenty-five dollars gold during the third. Each student will provide all her necessary uniforms. For the acquisition of these, the school will assign for each student of the first and second years thirty-six dollars yearly, which will remain in the charge of the treasurer to be spent when the superintendent may deem it convenient. Should a balance remain at the end of the year, it will be given over in cash to the nurse to whom the amount is credited. The nurses who abandon the school lose all right to their uniforms. They cannot be worn on the streets, unless when rendering service. Laundry of uniforms shall be provided for all the students at the expense of the school.

"ARTICLE 21. During the first two years the students will not render their services out of the school. During the third year they will be able to do so during a period which will not exceed three months whenever the director, in accordance with the superintendent, may deem it convenient. When the services are rendered to the sick poor, a special agreement will be made with the municipal authorities. If attendance is rendered to private individuals outside, three dollars daily and cost of transportation will be charged. This amount will be paid over to the treasurer, and after deducting a certain sum which the school may deem wise to give to the nurse as gratification, the balance remaining will be kept with the object of accumulating a fund destined to be used as a prize, which, in accordance with the Department of Charities, will be awarded to the student who may be deemed worthy of such a distinction."

WAS IT WORTH WHILE?

By MARY REYNOLDS

Graduate of the New York City Training-School for Nurses

THE scene of my remarks will be laid in a little room on the top floor of one of our large tenement-houses, situated in one of the crowded streets of our "Great East Side." The nurse, as she picks her way past push-carts, hustling, bustling humanity, is wondering what she is going to find at her destination.

It is needless for me to say that this nurse is a "district nurse," and while our expectations are not always high, still, it is quite natural that one always hopes for the best.

Now, having arrived at our little room, we will follow the proceedings. The room is not as bright and sunny as many of our rooms are, the furnishings are very few, and things are not very clean and inviting; but our nurse feels quite equal to all this and proceeds at once to find her patient.

The patient is found in a baby-carriage in a bundle of dirty rags. It is a little child about one year old. The poor little child is very dirty and looks sadly neglected. At the sight of the stranger it begins to cry, and one cannot help but wonder if child ever cried louder.

Its little body is hot and burning to the touch, and the nurse, after having noted the temperature, proceeds at once to get the baby bathed, not for medicinal purposes at first, but to make it the clean, white baby God-intended it to be.

All the mothers and occupants of that house arrive to see this act accomplished, and never expect to see the child survive the ordeal; but when baby is finished, its little body plump and rosy, its nails nicely cleaned, and the scalp once more visible on its little head, they cannot help but exclaim, "Isn't it a pretty child!"

She then proceeds to make a clean bed. After a great deal of effort a few clean articles are produced, and the making of the little nest begins. She first takes a pillow. On this she pins a piece of oil-cloth, and over this she pins a sheet. If possible, another smaller piece of linen is folded and placed under the child's body, and baby is put into its little white nest and lightly covered, its hair is parted in the middle, and it looks so clean and comfortable.

The doctor's orders are then carried out. Nurse sees that some nourishment is given, notes are made out for future reference, both for the doctor and herself, and then, bidding the family good-by, promising to return on the morrow, she goes on her way.

Now, stop a moment and look about you. Cast your eye over the untidy room: the mother, with dirty, untidy dress, unkempt hair; three or four children in a similar condition; then look at our little baby with its clean face and clean bed. This little picture stands out like a beacon against the untidy background. But this is the first lesson in that house. We will now wait for the return of the nurse in the morning and see what occurs.

Next morning nurse arrives. All are very pleased to see her and all anxious to help. She does not find baby just as neat and tidy as she left it, but she makes no remarks. Meanwhile the mother, who the day previous was so opposed to the bath, has brought a big pan filled with warm water, soap, towel, and wash-cloth, and has washed and ironed the soiled clothes, and once more baby is made neat and clean.

While busy with baby, nurse draws mother into conversation, gains her confidence, and gives her an encouraging word.

The next day nurse arrives and finds the mother with hair combed and neatly done up, the house has been straightened, and quite an attempt has been made to make a better background for the little baby.

So as time goes by the building of the background progresses, and at the end of a few weeks' visiting the nurse finds quite a change in our little room.

The question is, "Was it worth while?" Was this little result worth the effort? I have given as an illustration one of our every-day occurrences. This is what our work consists of.

It is the old adage verified, that "from the atoms the mountain must grow," and who of us shall say that the work accomplished may not give us a man or woman of such thought and intellect that their families may grow up with better surroundings?

The thought it teaches is that in our work we have an object. We wish to aid these people by teaching them to aid themselves. We would make them feel that life is not all for gain, but that some lives are for the sake of down-trodden humanity.

To my women-readers I would say: live for your sex; strive for their uplifting; pray that the chains of jealousy, frivolity, and self-pride may be broken, and say to yourselves: "I will do something for my people. I will give of my better-self," and in so doing in time you too will conclude that "it was worth while."

WESTERN NORTH CAROLINA AS A HEALTH RESORT

By MARY P. LAXTON

Graduate Johns Hopkins Hospital Training-School for Nurses

PUBLIC attention was first attracted to Western North Carolina as a health resort in 1870, when the health maps accompanying the census reports of that date were marked to indicate a belt running through this section which was practically exempt from tuberculosis and almost all diseases of the throat and lungs. The desire for good health and long life is coëxtensive with the human race, so it is not surprising that health-seekers soon came in numbers to test and to prove the efficacy of the climate.

The Blue Ridge Mountains cross the western part of the State from northeast to southwest, the general elevation being almost four thousand feet. Mount Mitchell, the highest peak east of the Rocky

Mountains, stands prominent among the giants which "sentinel enchanted land."

The climate affords what a health resort should offer, the happy mean between the sharp cold of the North and the heavy, humid air of the far South, affording favorable conditions for out-door life in all seasons. The atmosphere has a "snap" and bracing quality which is very invigorating, and enables one to bear with comfort the low temperature which is experienced at times even in this "Land of the Sky." Visitors in the winter season should remember that though in the "Sunny South" they will find warm winter clothing most essential. We do not have perpetual summer, as many seem to expect. The extremes of heat and cold are felt, as in all mountainous districts, and must be provided for.

The pure air and bright sunshine suggest health, and "de diseases what's inherited through de air" (to quote from an old colored woman) have a hard struggle for existence for want of a proper medium.

Exceptionally fine fruit is grown within a large area known as the "Thermal Belt." The orchards are rarely touched by frost. Wild flowers grow in profusion; along the banks of the streams and in the mountain crevices the rhododendron hangs in rich clusters. The woods and fields are lovely with azalia, kalmia, golden-rod, and other flowers in season. During the winter and spring baskets full of galax and trailing arbutus are brought in and sold on the streets. Many boxes of these flowers are mailed daily to distant friends.

There are so many towns in Western North Carolina each offering its own inducements to strangers that it is impossible to give them in detail. Hotels and boarding-houses are numerous, and comfortable board may be obtained at almost any price, ranging from seven to twenty dollars per week.

A suite of rooms with arrangements for "light house-keeping" or a small cottage may be rented for ten dollars a month upward. The markets in the larger towns compare favorably with any city markets; in smaller places they are dependent upon the "country produce," but all fruits and vegetables may be had in season, with prices as reasonable as may be expected in any health resort.

Asheville, N. C., has been so widely advertised it needs no introduction; it is a most cosmopolitan place, and visitors find much to interest them. Trolley lines and beautiful drives have made the mountains easily accessible, and in the charming sun-parlors the fresh-air treatment may be thoroughly enjoyed. Riding, driving, and golfing are the principal amusements. There are sanatoriums for the treatment of tuberculosis with rates of from fifteen to thirty dollars per week,

private rooms in a general hospital from twelve to twenty dollars a week. In Morganton, N. C., a delightful, restful Southern town, beautifully located in the foot-hills of the Blue Ridge Mountains, an up-to-date private sanatorium has been opened for the treatment of nervous and mental diseases. The "Broad Oaks" Sanatorium, as it is called, was erected to supply a long-felt want for such an institution amid such surroundings, and under the guidance of specialists of long experience it promises to be a haven of rest for overworked and nervous people.

No resort possesses more natural advantages than Hot Springs, on the French Broad River, about twenty miles north of Asheville. The hot springs, as the name implies, are large pools bubbling up from the ground, the temperature of the water being from 98° to 102° F. The baths have almost miraculous virtue in cases of rheumatism and neuralgia. The scenery throughout this section is beyond all description; no words are adequate to convey an idea of the wild grandeur of the mountain peaks and gorges and the clear, sparkling streams. Many of these things are made the more interesting by their association with Indian legends and traditions. During the summer camping-parties explore the mountain forests, and those who are hardy enough to "rough it" derive much benefit from the out-door life and air from the pine and balsam groves.

Many inquiries are made in regard to employment and opportunities for work. As is usual in such places, most of the professions are overcrowded.

The country is not nearly developed from an industrial point of view, and its almost boundless resources, such as soil, timber, and water-power, afford great opportunities for profitable investment by capitalists whose health would be benefited by permanent residence, and these, by making such investments, would benefit others who must seek employment as well as health. Asheville is on the Southern Railway. Through sleepers leave New York City over the Pennsylvania Railroad via Washington at three-thirty p. m. and arrive at Asheville at one-thirty p. m. the following day, the cost of ticket being about twenty-five dollars. There is also direct connection from Chicago to Asheville, leaving Chicago at six a. m. and reaching Asheville about thirty-two hours later. Round-trip tickets from Chicago to Asheville, good for six months with privilege of extension, may be bought for twenty-eight dollars.



THE NURSES' SETTLEMENT IN RICHMOND, VA.*

By ^{Nannie} ~~MAMIE~~ J. MINOR

Graduate of the Old Dominion Hospital

[The piece of work so well told by Miss Minor in the following article was thought out and the foundations laid by Miss Cabaniss, whose work in the Old Dominion Hospital of Richmond is so well known, and whose graduates testify so well, in their high ideals and active intelligence, to her character and devotion to her work. Miss Cabaniss's incentive for this work came from her knowledge of the Nurses' Settlement in New York and desire to establish something similar. Certainly the settlement begun by Miss Wald could not have a more encouraging recognition than in this old Southern city. The settlement house is ideally home-like yet simple, and the nurses have grouped around them an unusually progressive and enthusiastic number of women of leisure who are full of plans for civic improvements of all kinds. It is especially interesting to nurses to know that Miss Cabaniss's last class of pupils begun the settlement work while still in the hospital, taking their hours off and their evenings to make visits and teach mothers' classes. There are now graduates of other schools with them, and they have secured a special charter from the Legislature for the furtherance of their work.—Ed.]

... THE Nurses' Settlement of Richmond was organized just a year ago by eight graduate nurses, who had seen the need of some definite plan of caring for the sick poor, as only those can see who have worked among them and realize how many lives are lost through ignorance—ignorance of the importance of cleanliness, of quiet, of system in the sick-room, and many other things which go towards the making up of comfort and health. In my own experience recently there have been two cases where patients were dying literally from dirt, and after they and their surroundings had been made clean and kept so they recovered. No medicines were used but soap and water, and plenty of it.

The prime object of this settlement was to establish a system of district or instructive visiting nursing here such as exists in many other cities. We fully realize that it is no easy task we have set ourselves, and that there have been, and are, many obstacles to overcome, but we wish to do it because we realize there is such need. When we started out last fall it was literally without a penny in our pockets, but we secured a house, No. 108 North Seventh Street, and by contributions from the nurses themselves and from friends the house was furnished. There were some generous money contributions also, but as little of that as possible was used, the remainder being placed in bank as a trust-fund, to be used only in furthering the work. The establishment is supported by each nurse paying room rent and her board when there and by rent-

* Paper read before the Woman's Club of Richmond.



THREE PILLARS OF THE OLD DOMINION HOSPITAL

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ing out some superfluous rooms. This enables us to meet the house-rent and general expenses, but admits of no luxuries. Therefore, rather than touch the money which we consider has been given for the work, we keep no servant, but do all our own cooking and housework, only having a woman come in twice a week for thorough cleaning in part payment of her rent. We are a year old now, have no debts so far, have earned our expenses, and have paid nearly three hundred visits to patients, employing a nurse for a time to be here to do this while the others were forced to be absent, either on account of illness in their families or in prosecuting their studies elsewhere in order to learn the methods used in other places and how best to do the work we had mapped out for ourselves.

Up to this time we have only been able to devote what leisure time there is between pay cases, for we have had to earn the money to pay our house-rent and expenses; but this sort of hap-hazard work is very unsatisfactory, and we are most anxious that some church, or combination of churches, or organization of some kind, should come forward and undertake the support of a nurse, or nurses, as the case may be, so that, her living being assured, she can devote her entire time to the calls she may receive,—going from house to house where there is sickness, doing what she can to make the patient comfortable, and teaching those who are in the house the essential points of cleanliness, hygiene, and nursing. . . . In many places an endowment or fellowship for the support of a nurse is given as a memorial to some loved one who has gone, but whose works still live.

We have now on hand a small sum, originating with a few dollars found in the purse of one of our members who died a year ago—Miss Dabney, daughter of Dr. Dabney, of the University of Virginia. Her family desired this money to be devoted as was thought best to the work she so much loved. This is slowly increasing, and we hope some day to have a sufficient amount to establish such a memorial, called by her name, and carrying on the work she had longed to do herself. . . . The settlement is open to any graduate nurse who desires to do this work. . . . The hospitals are all doing what they can to relieve suffering, and all have charity patients to a greater or less degree according to their accommodations, one being devoted entirely to free patients, but their space is limited, and it is to supplement their work, to go to the hundreds who cannot be accommodated in the hospitals, and to teach them to do what they can to help themselves, that we are striving.

Some say that the poor will resent a nurse coming to them unasked, others that it will pauperize them. We find by practical experience it does neither. It is not human nature not to be grateful for any aid in illness, especially from someone who knows what to do, and who will do

it quietly when all the household is bewildered. Then we teach our people to do the necessary things themselves, such as giving a bath, changing the linen, the absolute necessity for cleanliness and sunlight and disinfection, and how to carry out the doctor's orders intelligently and with some degree of system.

Last year a class was held on Oregon Hill to teach the women just such practical things. About forty attended, and great interest and aptitude were shown. I have been told it was really wonderful, in some instances, to see the improvements made in ventilation, etc., in their homes, and in some instances lives were saved by their putting into prompt practice what had been taught them. This year we propose having these classes in various parts of the city, one having been organized already on Church Hill, another on Oregon Hill, and yet another in the neighborhood of the Old Market.

We wish to establish a "loan closet" in connection with our work, which should be well supplied with bed and body linen, and all the paraphernalia to be used about a patient. These articles are to be distributed by the nurses where they are most needed, used as long as necessary, and then returned to the nurses, who carefully disinfect them and make them ready for the next case, in this way multiplying the usefulness of each article ten-fold.

We are also desirous of organizing cooking-classes for girls and women, and clubs for working boys and girls, to civilize and amuse them in the evenings, when otherwise they might be on the streets. Through the kind interest displayed by several of the graduate nurses of the various hospitals in the city in volunteering their services in their leisure time we are in a better position to extend this work than we had hoped.

But to accomplish all this requires both time and money, for nurses are not in a position to give themselves exclusively to this work without compensation, as they have to earn their daily bread. Therefore we make this appeal for your interest and sympathy, hoping for your most intelligent and helpful coöperation, and feeling sure that if you will unite with us much good will be accomplished.



LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

LECTURE V.—(Continued)

(Continued from page 927)

BILE.—The bile, which also forms part of the intestinal juices, is partly an excretion. It is golden-brown in color, alkaline, and viscid. It is secreted by the liver-cells continuously and stored up in the gall-bladder, and during digestion is poured out into the upper part of the small intestine. Its action is chiefly in aiding the emulsification of fats; antiseptic, preventing putrefaction in intestines, and stimulating peristalsis. The part of the bile that is an excretion contains an excrementitious substance, cholesterin. It is found most abundantly in nerve tissue and in the brain, and is effete matter resulting from the normal action and wear of the tissues. It is, of course, taken up by the blood and lymphatics, carried to the liver, and there excreted in the bile, by which it is carried to the intestines and discharged from the body in a modified form.

DIGESTION.

INTESTINAL DIGESTION.—When the chyme begins to pass from the pyloric end of the stomach, the upper portion of the small intestine begins a peristaltic motion and intestinal digestion begins. The food thus passes quickly from a digestive fluid that is acid in reaction to one that is alkaline. The serous coat of the intestines secretes a lubricating fluid that facilitates the peristaltic contraction of the muscular coat, and the mucous membrane secretes part of the intestinal juice and mucus and contains glands, villi, lymphatics, and blood-vessels, by which the digested food is absorbed. At about the middle of the duodenum, which is the uppermost part of the small intestine, the common bile-duct and the pancreatic duct enter and pour into the intestines, the one the bile from the liver and the other the pancreatic juice from the pancreas. Intestinal digestion proper begins when the chyme enters the small intestine, where it becomes mixed with the intestinal juice.

The pancreatic juice is composed of water, organic substances, proteids, inorganic salts, and is alkaline in reaction. The three enzymes, or organic substances in the pancreatic juice, are the most important constituents, and are (1) the proteolytic enzyme, trypsin, (2) amyllopsin enzyme, (3) the fat-splitting or emulsifying enzyme, steapsin. The trypsin acts on the proteids and albuminoids, carrying them through the same stages of digestion as the gastric juice. The amyllopsin acts upon

the starches in exactly the same manner as the saliva does, converting them first into dextrose, then into maltose, and as such they are absorbed. The steapsin acts entirely upon the fats as a splitting agent by adding water to them (hydrolysis); this liberates the fatty acid and glycerine; then these acids combine with the alkaline salts in the intestines and form soap, which in turn aids and hastens the emulsification of the fats. Fats are absorbed into the general system in the form of an emulsion.

The biliary secretion is a yellow liquid which is strongly alkaline, due to the sodium salts that it contains. Upon the proteids and fats it has no direct action, but the sodium salts join with the fatty acids, forming soap, and thereby indirectly aid in the digestion of fats. Upon the carbohydrates the intestinal juice has an important action, aiding the amylpsin of the pancreatic juice in changing sugar into dextrin. The secretion of the large intestine consists principally of mucus, is alkaline, and has no digestive qualities at all. The mucous membrane of the large as well as the small intestine acts as an absorbing medium of the digested food, water, etc. In the case of nutritive enemata thrown into the large intestine, unless they are pre-digested artificially, they will not be readily absorbed.

THE ACTION OF BACTERIA OF THE GASTRO-INTESTINAL TRACT.—Normally this tract contains many different kinds of bacteria, some acting to cause putrefaction of proteids, and others acting to cause fermentation of the carbohydrates. Normally in the stomach the acid prevents completely the action of these bacteria on the proteids and greatly diminishes it upon the carbohydrates. In the intestines all of the normal secretions are alkaline. Pathologically these bacteria act and produce all kinds of stomach and intestinal trouble, such as fermentative dyspepsia, summer complaint of children, and many other irritating troubles.

Before going further into the subject of digestion, I think it proper to say a few words concerning enzymes, which are the main factors in this process. An enzyme is an unformed or unorganized ferment named thus to distinguish it from the organized living ferments, such as bacteria and the yeast plant. Its exact chemical composition is not exactly known, but all the enzymes contain nitrogen and are very soluble in water and glycerin; and it is in solution in these fluids that we obtain them from the glands that manufacture them. They are classified according to the reaction that they produce, viz.: proteolytic, those acting on proteid foods, changing them into peptones, e. g., pepsin and trypsin; amylolytic, those acting on carbohydrates or starchy foods, converting them into sugar, e. g., ptyalin and amylpsin. There is

another kind of enzyme with a kindred action, invertin, which changes what are known as double sugars into single sugars. Fat-splitting enzymes are those which have the power of splitting up the fat globules. Steapsin of the pancreatic juice is an example. Coagulating enzymes are those which act on the soluble proteids, converting them into insoluble ones, e. g., thrombin formed in shed blood and rennin of the gastric juice. Temperature of 160 to 175° F. destroys the action of enzymes. The enzymes all act alike,—that is, in some way they cause the molecule of the substance acted on to take up water, thus splitting and disassociating it, forming simpler substances.

ABSORPTION.

Food products which have been digested are absorbed by one of two routes, viz., they pass directly into the intestinal lymphatics known as lacteals, or they may be absorbed by the process of osmosis. Exosmosis is when the flow tends to go out, and endosmosis is when the flow is towards the inside. Albumins dialyze very slightly. In the alimentary tract we have, then, mucous membrane as the dialyzing membrane, with the blood and lymph on the one side of it and the digested food on the other. The fact that the blood is quickly flowing hastens endosmosis, as it prevents the establishment of equilibrium.

ABSORPTION BY THE STOMACH.—Water is practically not absorbed at all; salt, unless in three per cent. solution, very slightly; alcohol, very readily; sugars and proteids, when concentration has reached five per cent., slightly; fats, not at all.

ABSORPTION IN SMALL INTESTINE.—Sugars, peptones, proteose, and fats, as well as water and salts, are principally absorbed here. The absorption of these substances may be explained by osmosis, but it is to a great extent accomplished by some power possessed by the living cell, by which the digested substances are taken up and then transferred to the blood or the lymph. There is considerable absorption accomplished in the large intestine in the same manner, and all or very near all that is not absorbed here is destroyed by the bacteria.

As we have spoken of food stuffs, we will now say a few words about the absorption of these substances into the circulating fluids of the body and their final assimilation by the living cell. The proteids, after having been digested or changed into proteoses, are absorbed directly into the blood by a process, the exact character of which is not known, of the living epithelial cell lining the gastro-intestinal tract. This absorption takes place largely in the small intestine, and but slightly in the stomach and large intestine. Carbohydrates are absorbed in the same manner by the blood-vessels of the small intestine. Water and salts principally

by the blood-vessels, but partly by the lymphatics of the intestines, and slightly by the stomach and large intestine. Fats are absorbed by the lymphatics of the small intestine entirely. The proteids and carbohydrates are taken into the blood of the portal vein, carried to the liver, and there acted upon again by an enzyme and converted into glycogen. The fat does not go to the liver directly, but is taken by the lymphatics to the thoracic duct, and from this duct it is emptied into the general circulation at the junction of the left subclavian and internal jugular veins.

LIVER.

The liver is the largest glandular organ in the body, weighing from three to eight pounds, and lying for the most part in the right hypochondriac region, but extending to the left of the median line. The liver is composed of many little cells, which are in irregular clusters the size of a mustard-seed and form the liver lobules. Each lobule is supplied by blood coming in part from the portal vein and in part from the hepatic artery. The one comes from the digestive tract loaded with the digested food, and the other loaded with pure arterial blood from the left ventricle. Each lobule in addition gives rise to the bile-vessels or capillaries, which take up the bile formed by the cells and carry it to the gall-bladder. Thus we find that the physiological function of the liver resolves itself into two parts, (1) the production of the bile, and (2) the metabolic changes produced in the mixed blood of the portal vein and hepatic artery as it flows through the lobule and bathes the liver-cells. Here we have to deal principally with the formation of urea and glycogen.

BILE.

A liquid in varying color from a yellowish brown to sometimes a greenish tint. The yellow is due to the coloring matter, bilirubin, found mostly in carnivorous animals, and the green tint is due to biliverdin, found in herbivorous animals. These are for the most part excreta.

The bile is alkaline and contains two acids, viz., glycocholic and taurocholic, which exist in combination with soda, as a glycocholate or taurocholate of soda, and not as free acid. It likewise contains cholesterolin, a non-nitrogenous substance, not formed by the liver-cells, but eliminated from the blood by them and excreted into the intestinal tract. Lecithin, another ingredient of the bile, is probably a waste product originating in nerve-tissue change. The physiological function of the bile is twofold, viz., (1) as an excretion, in eliminating bilirubin and biliverdin, lecithin, cholesterolin, and bile acids; (2) as a secretion, by which function it aids in splitting up and emulsifying fats, in pre-

venting to a certain extent the putrefaction, indirectly, of proteids, and in neutralizing and rendering alkaline, with the other intestinal juices, the acid chyme coming from the stomach, and thereby aiding digestion. The secretion of the bile is constant, but the flow into the intestinal tract is intermittent, being stored up in the gall-bladder between times of digestion.

The second function of the liver is that of the formation of urea and glycogen. As to formation of the urea by the liver we will say little, except that it has been proven that after the stages of metabolism have been gone through with, urea is formed from the proteid substances taken in the food. It has also been proven that urea is formed in the liver, and that the blood takes it up from the liver and carries it to the kidneys, where it is excreted in the urine.

We have seen that the carbohydrates when absorbed as dextrose are carried by the blood of the portal vein to the liver, where the dextrose is converted by the liver-cells into glycogen, which is a substance having the same chemical composition as the starches and is called animal starch. The glycogen is stored up in the liver-cell to await the necessities of the system. It is likewise found to be produced and stored to a great extent in muscular tissue, and, in fact, to a certain extent in many other tissues. The fact has also been discovered that when there is an excess of animal heat formed either pathologically or by muscular exercise, the stored-up supply of glycogen, muscle, etc., is quickly exhausted, unless carbohydrates are taken in the food. This proves that carbohydrates are taken into the body to produce animal heat, being converted first into glycogen by the liver-cells, then, strange to say, again into dextrose, and as such are taken up by the living cell and oxydized, thus forming animal heat, carbonic acid gas, and water. The carbonic acid gas is thrown off by the lungs and skin, and the water by the kidneys and bronchial tubes and sweat-glands. Thus we have seen the start and finish of the food stuff through the system. The fats are either utilized to form animal heat and muscular energy, forming carbonic acid gas and water, or are stored up in the body and utilized when there is an over-demand. When the peptones reach the liver-cells through the portal vein there is probably an action on them by the cells, and this action in a way converts them into simpler forms of substances, so that they may be more readily utilized by the tissues.

(The end.)



BOOK REVIEWS



DEMOCRACY AND SOCIAL ETHICS. By Jane Addams, Hull-House, Chicago. The MacMillan Company.

A distinguished professor in one of our large universities is said to have once exclaimed, "Over forty million women in the United States, and only one Jane Addams!" And another of equal distinction has pronounced "Democracy and Social Ethics" the best book ever written by a woman.

Not to know Miss Addams is to have missed one of the rare privileges of a lifetime, and not to be acquainted with her writings, her ideas, and her work is a form of ignorance that leaves the ignorant one entirely out of touch with the most inspiring and most "worth while" of those elements which make up modern life. It is like not understanding the language which those around one are speaking.

It is not because her first principles are new that Miss Addams speaks a new language, for her themes are of justice and brotherly lovingness and simple, natural living, but all that she says is new because her insight is so wonderful, her truth so absolute, and her practical grasp of every-day conditions of life so complete. Add to this that she is a social experimenter, a social discoverer, as men of mighty brains have been discoverers in science, and one may realize why all she says seems never to have been said before.

No one should fail to read this book, the collection of the talks and lectures which she has from time to time given.

Yet it is probably true that many, reading without previous knowledge, will not get her point of view,—will not understand always what she means. Conventional cut-and-dried minds will never understand her, and shallow ones will need deep ploughing before the new ideas can enter. Even those that gladly respond to her teachings will need to go through experiments of their own before they can get the full conception of the things for which her words are the symbols.

Let us quote from the "Introduction" some lines which sound the keynote of her thought and teaching:

"It is well to remind ourselves, from time to time, that 'ethics' is but another word for 'righteousness,' that for which many men and women of every generation have hungered and thirsted, and without which life becomes meaningless."

"To attain individual morality in an age demanding social morality; to pride one's self on the results of personal effort when the time demands social adjustment, is utterly to fail to apprehend the situation."

"We are learning that a standard of social ethics is not attained by traveling a sequestered byway, but by mixing on the thronged and common road where all must turn out for one another, and at least see the size of one another's burdens. To follow the path of social morality results perforce in the temper if not the practice of the democratic spirit, for it implies that diversified human experience and resultant sympathy which are the foundation and guarantee of democracy."

"We know, at last, that we can only discover truth by a rational and democratic interest in life, and to give truth complete social expression is the endeavor upon which we are entering. Thus the identification with the common lot which is the essential idea of democracy becomes the source and expression of social ethics."

TRANSACTIONS OF THE THIRD INTERNATIONAL CONGRESS OF NURSES. Press of J. B. Savage, Cleveland. \$1.25.

This volume, containing all the papers and discussions of the Buffalo Congress, with the reports on the status of nursing in different countries sent to the International Council of Nurses, is of great interest and value. It contains the latest word on nursing questions and gives a full, complete picture of the present status of the nursing profession. Many of the ablest and best-known nurses in all parts of the world have contributed to its pages, and it contains a great deal of information not to be found in any other available form. As a book of reference it is invaluable, and ought to be found in every hospital and training-school library; as nursing history it might well be used in third-year club and study work or in the reading-courses of alumnae societies. Orders for the book should be sent to Miss Banfield, Polyclinic Hospital, Philadelphia.—D.

BOOKS TO BE READ TO PATIENTS

"GARDEN OF A COMMUTER'S WIFE."

The day of the animal and the garden is surely with us, and garden-books have been multiplied until every garden in the land would seem to have had its own especial story written. Yet here is one more, "The Garden of a Commuter's Wife," by—but it's published anonymously, so it may not be fair to make too close a guess, even though the style is unmistakable to anyone who knows the previous work by the same pen. Somehow, with all the charm that *any* garden holds, we can't help wishing that the "commuter's wife" herself might have been a little less perfect—that she might have had at least one "redeeming vice."

As to animals, "OUR DEVOTED FRIEND, THE DOG," would be a fascinating book for children, whose attention often will not follow a long story, for this is made up of short tales and newspaper clippings. Stories about the devotion, intelligence, faithfulness, and wisdom make up the greater part of the book, followed by more serious chapters on the care of dogs and laws regarding them.

"THE FIRESIDE SPHINX," by Agnes Repplier, is devoted to the cat, and is greatly superior to the dog-book from the literary point of view. Some of the chapters are: "The Cats of Antiquity," "The Cat of To-Day," "The Cat Triumphant," and even though one's affections may be firmly attached to one's own dog, there's an immense amount of interest in these pages. We can't be far wrong in the guess that they were written while a cat of Miss Repplier's own lay curled not too far from her ink-stand.

"COMEDIES AND ERRORS," by Henry Harland, is a collection of short stories by the author of the "Cardinal's Snuff-Box." Like that, many of these have their setting in the Italian life he so perfectly understands and so vividly renders. It is an earlier work, and some of the "Comedies" fall short of his more famous book, but through them here and there, in the drawing of a woman's charm, the conversational cleverness which leaves much unsaid, the jewel-like Italian landscape, are suggestions of the fascination of the "Snuff-Box."—L. D. D.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE EFFICIENCY OF RECENT VACCINATION

By WILLIAM M. WELCH, M.D.

Physician in charge of the Municipal Hospital for Contagious and Infectious Diseases, Philadelphia

[Reprinted from *American Medicine*]

WHILE it is true that the question of the protective power of vaccination is mainly determined by statistics, yet an intelligent person does not have to spend a very long time in the wards of a smallpox hospital until he is quite able to settle this question in his own mind without the aid of figures. The nurses, and even most of the patients themselves, become convinced of the protective power of vaccination long before they know anything about the figures that express the mortality rates of the vaccinated and the unvaccinated patients. The much larger proportion of deaths among the latter, the greater amount of suffering endured by them, the more tedious and critical convalescence when the acute stage is survived, and the more terrible physical deformities that follow, are facts too evident to pass unnoticed, even by an inexperienced observer. Indeed, there is a great deal of strong and convincing evidence of vaccinal efficacy brought to light in a large hospital that cannot very well be expressed in statistics. As the saying goes, "seeing is believing," and so an unvaccinated patient does not have to occupy a bed in a ward for any great length of time before he is convinced of the sin of omission and realizes that he is paying the penalty. Frequently so strong is this conviction that the patients desire to have messages sent to their relatives and friends urging them to get vaccinated. On one occasion a kind-hearted man, only a few hours before he was in the grip of death, dictated a letter to his brother imploring him with all the fervor and eloquence he could command to seek the benefits of vaccination at once.

During the recent epidemic of smallpox in Philadelphia the admissions to the hospital comprised about an equal number of vaccinated and unvaccinated patients. The latter were made up mainly of young children and adults in the prime of life; the proportion of children under ten years being quite large. The vaccinated patients were almost wholly adults who had been vaccinated in infancy or early childhood. No vaccinated child under five years was admitted, and but few, if any, under ten; excepting, of course, those that were vaccinated after infection by smallpox. In this connection I would say that a colored boy about ten years old, who was said to have been vaccinated four years previously and showed a good scar, was admitted with a single variolous vesicle. Also, I would mention that a white boy, about twelve years old, who was said to have been vaccinated five years previously and showed a good scar, was admitted with not more than two dozen variolous vesicles, which dried up and disappeared quickly. With these two exceptions I do not recall the admission of any patient who had been successfully vaccinated as recently as ten years. Such evidence

of the efficacy of recent vaccination is common in my experience, and it must be equally so, I am sure, in the experience of others who have had much to do with smallpox.

I have just said that about one-half of the patients admitted to the hospital were adults who had been vaccinated in infancy or early childhood. This shows that vaccination, especially when performed at an early period of life, cannot be depended upon to confer permanent immunity from smallpox. It is true, however, that some persons are permanently immunized by an infantile vaccination; but in the vast majority of persons the protection either diminishes or is lost entirely through lapse of time. Of course, the immunity may be renewed by revaccination. It is in this way that physicians and attendants of smallpox hospitals are safe-guarded.

The efficacy of recent vaccination was demonstrated very conclusively by Jenner in his early work. His first subject, James Phipps, was vaccinated May 14, 1796, and, when the vaccinia had fully completed its course, Jenner says: "In order to ascertain whether the boy, after feeling so slight an affection of the system from the cow-pox virus, was secure from the contagion of the smallpox, he was inoculated the first of July following with variolous matter immediately taken from a pustule. Several slight punctures and incisions were made on both his arms and the matter was carefully inserted, but no disease followed." . . . "Several months afterwards he was again inoculated with variolous matter, but no sensible effect was produced on the constitution." Furthermore, Jenner says that all of his early vaccinations were subjected to the same crucial test with like negative results. This shows how effectually he demonstrated the efficacy of his discovery before publishing it to the world. Quoting his own words: "I placed it on a rock, where I knew it would be immovable, before I invited the public to look at it."

While conducting his investigations Jenner inoculated with smallpox virus a number of persons who had been accidentally infected with cow-pox many years previously; in one instance the interval was as long as fifty-three years. None of these persons took smallpox, although some were freely exposed to the contagion, as well as subjected to the test of variolous inoculation. He selected these cases, he says, "to show that the change produced in the constitution (by cow-pox) is not affected by time." So convinced was he that such was the case that he made use in his first paper of this very positive language: "But what renders the cow-pox virus so extremely singular is that the person who has been thus affected is forever after secure from the infection of the smallpox; neither exposure to the variolous effluvia, nor the insertion of the matter into the skin, producing this distemper." But as time elapsed, thus giving Jenner greater opportunities for observation, he was forced to admit that the immunity conferred by vaccination was not invariably permanent, and so he modified somewhat his former statement, saying: "Duly and efficiently performed, it will protect the constitution from subsequent attacks of smallpox as much as that disease itself will. I never expected that it would do more, and it will not, I believe, do less." Of course, we all know that second attacks of smallpox occur sometimes; but the statistic data of a century show us what it was impossible for Jenner to know, that smallpox after vaccination is far more common than are second attacks of the disease. Fortunately, revaccination will supply this loss of protection.

The history of the introduction of vaccination into this country is interesting as showing how completely its prophylactic power withstood the same severe

test that was applied by Jenner. Waterhouse, of Boston, was the first person in this country who received vaccine virus in an active state from England, and with it he immediately vaccinated the members of his own family. About two months after his children had been successfully vaccinated he had them admitted into the smallpox hospital at Brookline for the purpose of testing their immunity. Finding they did not take the disease from exposure to the contagium, he had them inoculated with fresh matter taken from a patient. As they resisted the disease from this source also, Waterhouse, being fully convinced of the efficacy of vaccination, remarked, "One fact in such cases is worth a thousand arguments."

During the early days of vaccination a difference of opinion arose among the physicians of a certain town in the State of Vermont in regard to the advisability of adopting vaccination in lieu of smallpox inoculation, which was then generally practised. A town-meeting was called to consider the question, and it was decided to appoint a committee to investigate the protective power of this new disease. Certain experiments were deemed necessary, and with this object in view the committee assembled at the smallpox hospital. The first experiment consisted of selecting seventy-five persons among those who had been recently vaccinated and inoculating them with warm smallpox virus immediately taken from a patient suffering from that disease. The result was that not one of the number took smallpox. But strange to say the committee, as a whole, was not yet fully convinced that the protection was due to vaccination. With the object of settling the question to the satisfaction of every member of the committee it was decided that the experiment should be made of allowing a recently vaccinated infant to take its daily supply of nourishment from its mother's breast while she was suffering from smallpox. Without much difficulty a woman was found who was heroic enough to offer herself and her child for the experiment. The infant was first vaccinated, and forty-eight hours afterwards the mother was inoculated with smallpox virus. The vaccine disease progressed in the usual manner in the child, and so did the variolous disease in the mother, while nursing was allowed to continue without interruption. On the mother there were a considerable number of variolous pustules, some of which being near the nipple were kept raw by the lips of the infant while sucking. And yet we are told, "the child appeared as well throughout the whole process as if it had been nursed by a person not suffering from smallpox." After this evidence of vaccinal efficacy had been witnessed the committee asked for no further proof. I might add that I have more than once seen vaccinated infants continue free from smallpox under similar conditions.

As already stated, the efficacy of recent vaccination has been proved over and over again by the experience of every large hospital for the care of smallpox patients. In the hospitals of London, from 1876-79, there were admitted eleven thousand four hundred and twelve smallpox patients who had been vaccinated in infancy, but not a single case was known to have occurred in a person who had been successfully revaccinated. It was the rule to revaccinate all nurses and employes before entering the hospital, and the number thus employed amounted to about one thousand; of these only some half dozen took smallpox, and they, for some cause or other, had escaped revaccination. Dr. Marson, physician to the Smallpox Hospital, of London, for many years, says: "In thirty-five years I have never had a nurse or servant with smallpox; I revaccinate them when they come there." Dr. Collie, whose experience is also large, says: "During the epidemic of 1871, out of one hundred and ten smallpox

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attendants at Homerton all but two were revaccinated, and these two took smallpox."

At a meeting of the German Vaccination Commission (1884) Dr. Eulenburg related "that a manufacturer in Posen had all his workmen vaccinated except one, who refused. This man alone of the one hundred and fifty took smallpox shortly afterwards and died." Many similar instances have been observed by others and might be referred to without much trouble.

My main object in presenting this paper is to call attention to some facts showing the protective power of vaccination, especially recent vaccination, that have come to my notice during the recent epidemic of smallpox in Philadelphia. I might add that these facts are not new; but it is hoped that cumulative evidence of this kind may serve a useful purpose.

It seems to me that it would be impossible to convey a better idea of the value of vaccination than to tell you that no person who had been recently successfully vaccinated was admitted to the hospital with smallpox. Since the outbreak of the disease in the city, which occurred last fall, every physician has been very busy in the work of vaccination, and as a result of their combined labor it is fair to assume that at least five hundred thousand persons have been vaccinated. If vaccination confers no protection against smallpox, is it not reasonable to suppose that some of these persons would have contracted the disease and been brought to the hospital? But no such patient can be found among the admissions, which number nearly two thousand. Fortunately, we do not have to rely upon such negative evidence, as strong as it is, to prove the efficacy of recent vaccination. Opportunities which enable us to determine its prophylactic value frequently occur in the hospital. If time permitted I could give many examples, but I shall present only a few. A child of one year who had been successfully vaccinated about ten days before admission was sent to the hospital with roseola vaccinosa, which had been diagnosed as variola. The child remained in the smallpox ward about three weeks and continued perfectly well. Another child, of nine years, with exactly the same history, returned home perfectly well after a constant exposure of over three weeks. An unvaccinated colored child, about two years old, was brought into the hospital with a sister who was suffering from smallpox. Immediately after admission vaccination was performed, and although the child was constantly exposed to the infection for three weeks he did not take the disease. Several other children and also some adults, who were sent to the hospital under erroneous diagnoses, were vaccinated for the first time after admission and were thereby rendered absolutely immune.

In every epidemic of smallpox that has occurred in Philadelphia within the past thirty years, instances have been observed of whole families being removed to the hospital because of an outbreak of the disease in these families. In such instances the unvaccinated children have suffered and often perished, while those who were vaccinated remained perfectly exempt, although living, eating, and sleeping in the infected atmosphere for several weeks. But I have yet to see a single unvaccinated child escape the disease under similar conditions of exposure. Furthermore, I have more than once seen a vaccinated infant take its daily supply of nourishment from the breast of its mother who was suffering from varioloid and the infant continue as free from smallpox as if the disease were one hundred miles away and the food derived from the most wholesome source. This is evidence of the prophylactic power of vaccination that does not appear in mortality reports nor in statistic records.

Not many weeks since, a pregnant woman nearly at term was admitted with

varioid. In the course of the disease labor occurred, and a male child weighing eight and one-half pounds was born. About five hours after its birth the infant was vaccinated, two insertions being made. Again, two days subsequently, two more insertions were made. Four large vaccine vesicles developed, causing a very sore arm, but did not give rise to any considerable elevation of temperature nor to any apparent disturbance of the health of the infant. After remaining in the hospital thirty-two days and proving its newly acquired immunity to smallpox in a most indubitable manner, the infant was taken home by its mother, who had made a good recovery without any untoward symptoms. At the request of the mother the child was fed from the bottle.

In the early fall of last year smallpox broke out in a certain family, and the entire household, including father, mother, and six children, were admitted to the hospital. The parents were vaccinated in infancy, but as the protection had become somewhat diminished through the lapse of time, they both suffered from a mild attack of varioid. Their four youngest children were unvaccinated and they all had unmodified smallpox. Two children had arrived at the school age, one four years and the other two years ago, but before they could be admitted to school vaccination was necessary. Each child showed a good scar. These children remained in the hospital three or four weeks, being in daily contact with the worst cases of smallpox, and at the end of that time returned to their home without having shown any symptoms whatever of the disease. The father, like an honest man, said, "I never believed in vaccination before, but am now convinced of its efficacy, and when I return home I shall preach it to my friends." I might add that this man is not the only anti-vaccinationist who has left the hospital fully converted. This institution would be indeed a dangerous place for the president of the Anti-Vaccination League to visit if he did not wish to lose his office.

In the early part of this year a colored child, aged three, was sent to the hospital with a few small pimples of no very definite character. Smallpox was suspected, as that disease had broken out in the family. The child had been successfully vaccinated about four months before. After constant exposure for sixteen days, immunity being clearly demonstrated, the child was allowed to go home.

About the same time three white children were brought to the hospital with their mother, who had smallpox. They were not ill, but were sent in because they had already been exposed, and also because there was no one left at home to care for them. These children were, respectively, seven, five, and four years old. Each had been vaccinated exactly three years and seven months before, and each showed a good scar. Immunity to smallpox was proved by their residing in the hospital for three weeks free from the disease.

J. B., aged twenty-nine, married, and the father of three children, was admitted March 27, with varioid. On April 5, the wife of this man was also admitted with varioid, bringing with her the three children, as there was no one left at home to care for them. One child, five years old, had been vaccinated six months previously and showed a good scar. The other two children, one three years and the other ten months, were vaccinated March 30, and each presented two vaccine vesicles that were developing perfectly. These three children remained in the hospital seventeen days under constant exposure without taking smallpox.

Similar evidence of the prophylactic power of vaccination has come to my notice repeatedly, both inside and outside the hospital. Very frequently, indeed,

have I been told by patients that their older children who had to be vaccinated before they could get into school were left at home perfectly free from smallpox, while the younger ones, being unprotected, were brought in with the disease. Oh, how often have I seen parents, after losing a loved one, grievously mourn and refuse to be comforted because of the consciousness of having neglected a most important duty! I have often wished that the ghost of these innocent and helpless children could return to haunt the anti-vaccinationists, who are largely responsible for this neglect of duty.

In order to provide accommodation for the unusually large number of cases of smallpox, and this number rapidly increasing, it was necessary to erect additional buildings as well as enlarge those already in use. On this work from fifty to sixty men were employed, and as they were required to come constantly into close proximity to the patients they were all requested to come to the administration building and get vaccinated. This request was complied with by all except two, and these two took smallpox. I would emphasize the fact that they were the only ones that were stricken by the disease. One, I understand, was a Christian Scientist, and he trusted to this delusion for his protection. Poor fellow! it did not even save his life, as he fell a ready victim to a disease that respects nothing but vaccination.

Later it was found necessary to enlarge still further some of these buildings, and other workmen were engaged. Two of these, for some reason which I never learned, neglected to get vaccinated before commencing the work, and they both took smallpox.

For the last three years the medical schools of Philadelphia have had the privilege of sending their more advanced students to the Municipal Hospital for clinical instruction in the various contagious and infectious diseases therein treated. During the past winter one hundred and seventy students received such instruction, not only in the diphtheria and scarlet-fever wards, but also in the smallpox wards when there were about three hundred cases of that disease on hand. One of the requirements was that each student must show evidence of protection, either by having been recently successfully vaccinated or by not responding to vaccination after two or three careful trials. It gives me great pleasure to state that not one of these students contracted smallpox.

Since the present epidemic began, about one hundred and twenty-five persons including physicians, nurses, ward maids, cooks, laundresses, and the like, have been continuously exposed to smallpox in the hospital, and not one has fallen with the disease. I should perhaps mention the case of an employé who worked in the disinfecting plant which is located on the grounds. It was his business to handle infected clothing and bedding. He soon became dissatisfied with this work and removed to the interior of the State. When he had been there but a few days, I am informed, he took small-pox. This man had been vaccinated in infancy, but declined to be revaccinated.

All those employed in the smallpox pavilion, except two or three who had the disease at an early period of life, owe their immunity to vaccination. Previously to assigning them to duty each person is carefully vaccinated, even though the vaccination of infancy and a subsequent revaccination may show evidence of having been successful. With this care I have never seen a resident physician or nurse take smallpox. I do not hesitate to say that after a recent successful vaccination an individual can dwell in an atmosphere surcharged with the most virulent variolous poison, and live and breathe and eat and sleep there in safety.

As the three Hebrew children of old, under proper protection, walked up and down in the fiery furnace and came forth without a single hair of their heads being singed, or even the smell of fire on their garments, so nurses and others when recently vaccinated need have no fear for that malady which might be likened to "the pestilence that walked in darkness, nor for the destruction that wasteth at noonday." Such absolute protection under conditions of extreme exposure is what has happened in every epidemic of smallpox since Jenner taught us how to control the pestilence, and is happening to-day in the wards of every well-conducted hospital. What vaccination does for these persons that dwell in the midst of danger it will do for anyone that is brought properly under its influence.



THE paper on "Women in Germany," read by Fräulein Antoine Stolle at the National Suffrage Convention in February last, is of intense interest and, though depressing in the extreme to those who believe in the equality of women, it is not discouraging, for, as Fräulein Stolle says, "however long and weary the road may seem that leads German women to economic, intellectual, and legal equality with men, they are fully determined neither to pause nor to halt until they have reached the goal of freedom." Yet when one reads over her statements of existing conditions in every degree and rank of society,—the status of domestic service, of factory work, of education, of the higher professional lines of work, and no less of domestic relations, the status of the daughter, wife, and mother,—one's heart aches for the long and weary way they still have to go.

Fräulein Stolle says, "Willingly or unwillingly, it is admitted that economic and social conditions force a continually increasing number of German women to earn their own living," and "even in tenaciously conservative circles it is recognized that women in their battle for existence can no longer be denied their only weapon—a thorough, universal, and professional education."

Thank heaven, we say, for the exigencies of work, since they can compel the opening of doors which the brilliant and learned Professor Münsterberg, whose articles on American women and their education have been so widely read, would fain keep closed. On this point of necessary self-support Professor Münsterberg has only this weak remark to make: "It is true that in Germany a million women are compelled to remain unmarried;—however, no woman, of course, wishes to be among that million."

THE visit of Prince Henry to Boston brought out the story of an old lady of great nursing renown, lately living in Boston and recently deceased. She was born in Massachusetts some eighty-odd years ago, the daughter of a physician, and worked as a surgical nurse during the four years of the Civil War at her own expense: after this she held a position as nurse in the Massachusetts General Hospital (this was, of course, before the day of training-schools). Having married a German nobleman, who died early, she was moved to offer her services to her husband's people in the Franco-Prussian War, and for her great bravery and conspicuous services during this war she received the Order of the Iron Cross from the Emperor William, a high honor, which only one other American woman, Miss Clara Barton, has ever received.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE *Literary Digest* has translated and published part of an article written by Dr. E. Marandon de Montyel, medical director of the Asylum of Ville Evrard, in the *Revue Philanthropique*, Paris, February 10, describing the open-door treatment of the insane, from which we quote the following:

"The new treatment is the exact opposite of the old. The closed asylums are replaced by buildings with open doors, without walls, exterior or interior, or covered galleries, and arranged in the form of a village, where the harmless patients, constituting sixty or seventy per cent., may circulate freely, while the thirty or forty per cent. of dangerous ones are kept in villas closed only with ordinary locks and a neat grating. But it is not only the establishment that the open door transforms; its effect is seen especially in the treatment, which continues as much as possible the ordinary life of the patient. The visits of friends and relatives are encouraged; they may take their meals with the inmates in a room which resembles a restaurant, may walk with them, and during the course of the treatment may take them home for days. During convalescence these home visits may last for months. There is absolute liberty in writing and an abolition of all punishment except restriction of liberty, which is the only means used to preserve order."

It is stated by Dr. Montyel that under this method escapes are less frequent than under that of the closed door. He goes on to say:

"If facts do not prove the error of incarcerating insane patients, a little reflection might do it. Every lunatic is at bottom a melancholiac; the gayest of them is seeking to drown his melancholy and weeps oftener than he laughs. Must it not increase his melancholy, convincing one patient that he is a knave and another that he is a victim, to confine them in a condition altogether different from that to which they have been accustomed, to deprive them of all initiative, and force them to a passive obedience worse than that of a barrack because it is more perpetual? Assuredly it must, for, although they are madmen, they have not ceased to be men. Everything in an asylum should tend, on the contrary, to drive away sadness and induce gaiety. As the joyous music of David dispelled the melancholy of Saul, so all the surroundings of the insane patient, everything he sees and hears, should have the same object."

THERE is a plan on foot for building a great municipal hospital in the city of Washington, D. C., to be composed of a group of thirty-seven buildings, including an administration building, a surgical building, pathological building, nurses' home, domestic service building, superintendent's house, ambulance stable, and fourteen two-story ward buildings. The tuberculosis hospital will consist of two large and one small ward building, and the contagious hospital will consist of an administration building, domestic service building, nurses' home, and four large ward buildings. There will be a central lighting and heating plant. Should the whole hospital be completed in accordance with the present plans it will accommodate about one thousand one hundred and fifty patients.

As Washington is already abundantly supplied with hospitals, such an expenditure of public money seems uncalled for.

THE Cumberland-Street Hospital, Brooklyn, N. Y., was reopened in July under the direct supervision of the Bureau of Charities. This institution has been closed since 1899, when the trustees of the hospital transferred it to the city. It has since been enlarged, renovated, and refurnished, and has now a capacity of about three hundred patients.

The Training-School is under the supervision of Miss Isabel Barrows, graduate of the Kings County Hospital Training-School. The institution will be conducted entirely as a homœopathic hospital so far as the treatment of the patients is concerned, otherwise the management will be identical with that of the Kings County Hospital.

THE corner-stone of the new Crozier Homœopathic Hospital was laid July 17, at Chester, Pa., in the presence of a large number of physicians of both schools and many interested friends. After appropriate religious services, the actual laying of the stone was done by the widow of the founder, Mrs. Mary S. Crozier. Half a million dollars has been left for the building, which will be of Avondale granite, and equipped with every modern improvement and appliance.

THE Massachusetts State Board of Insanity is preparing to build a hospital at Gardner where chronic cases shall be cared for. This will relieve the hospitals for the insane throughout the State of a great burden of care, and provide for a more thorough classification, making room for greater numbers of the curable insane. The plan is on the colony system, and it is estimated that one hundred patients a year will be transferred to the new institution.

THE Municipal Council of Paris has laid before a special commission a plan to equip a sanatorium on one of the properties of the Assistance Publique, with capacity of fifty beds, for the exclusive use of those nurses who may have contracted tuberculosis in their service.

A WOMAN house surgeon will be appointed each year on the staff of the Toronto General Hospital. Two women physicians will also be appointed as registrars.

TRAINING-SCHOOL NOTES

ON July 1 Miss Elizabeth Ramsden took her place as superintendent of the Delaware Hospital, Wilmington, Del., succeeding Miss J. C. Wilson, resigned. At the same time Miss Ada B. Shaw became superintendent of nurses in place of Miss Mary Reifsnnyder, resigned. Miss Ramsden is a graduate of the Training-School for Nurses of the Hospital of the University of Pennsylvania, Class of 1898, and has had the advantage of being trained by such prominent women as Miss M. E. P. Davis, Miss Helena Barnard, Miss Roberta West, and Miss Linda Richards. Miss Shaw graduated number one in her class at the Philadelphia Hospital, and has for the past eight years had charge of the Meadville Hospital, Meadville, Pa., and is a member of the Superintendents' Association.

MISS ISABEL MCISAAC has been granted a five-months' leave of absence, and will sail the latter part of the month for a trip abroad. There are to be several important changes in the Illinois Training-School at this time. Miss Grant, who has been the assistant in charge of the Presbyterian Hospital, resigns, to return to her own home in Scotland. The managers of the school in expressing their appreciation of her faithful services for thirteen years presented her with

a diamond brooch. Miss Higbee also resigns, after eight-years' service, to take care of an invalid mother. Miss Breeze will be the acting superintendent during Miss McIsaac's absence. Miss Euphemia McIsaac will have charge at the Presbyterian Hospital, and Miss Briggs will take Miss Higbee's place.

WE hear of a training-school at the Mahoning Valley Hospital at Youngstown, O., where there is a preparatory school for young women who are too young to enter the nurses' training-school. In this school the pupils pay for their instruction, clothing, and books. They are taught practical housekeeping, anatomy, physiology, materia medica, chemistry, and Latin. This would seem to be a step in the right direction, and it would be interesting to know the actual practical results of the experiment.

MISS ALICE A. GORMAN has resigned as assistant superintendent of the training-school and teacher of dietaries at the Massachusetts General Hospital, from which school she is a graduate. Miss Gorman is one of the first class to graduate from the course in hospital economics at Teachers College. She will spend the coming winter in the South.

MISS JEAN MCNELLY, who has been at Lakeside Hospital, Cleveland, O., for four years, has resigned her position of night superintendent and has accepted a position on the Visiting Nurse Association staff, of Cleveland. Miss McNelly makes the fourth nurse who has been added to the association since its organization in the spring of 1902.

MISS M. HELENA McMILLAN, B.A., has resigned as superintendent of the Training-School of the Lakeside Hospital, Cleveland, O., and is to be succeeded by Miss Maude Ellis, a graduate of the Massachusetts General Hospital school, who for several years has had charge of the nursing at the Tewkesbury Almshouse, Mass.

MISS AUGUSTA C. ROBERTSON, who recently resigned as superintendent of nurses of St. Luke's Hospital, Chicago, has been appointed to succeed Miss Ellis at the Tewkesbury State Hospital, Mass. Miss Robertson is a graduate of the Massachusetts General Hospital School for Nurses.

MISS REBECCA CROSS, assistant to the superintendent of nurses and matron at Lakeside Hospital, Cleveland, O., has resigned her position. Miss Cross has returned to Montreal and intends to rest for a time.

MRS. SANDERS'S ILLNESS.—Nurses who are graduates of the Illinois Training-School will all hear with regret and concern that Mrs. Sanders, the house mother and mainstay of the school, is now ill in the Presbyterian Hospital, where she has undergone a surgical operation. Mrs. Sanders, with her characteristic vitality, rallied well and is making satisfactory progress. All who know her will wish her complete restoration to health and long-continued activity in the school upon which for so many years she has stamped her own marvellous energy and stanch virtues.—L. D. D.



THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



BOSTON.—The next meeting of the guild will be on the last Wednesday in September. We wish to call the special attention of the guild in general to the following notice:

"A 'Quiet Day' for nurses will be given by the Rev. Father Osborne, S. S. J.-E., at St. Margaret's Home, 17 Louisburg Square, Boston, on Sunday, September 21. Any nurses who wish to take part are asked to send their names to Mother Louisa, St. Margaret's Home, 17 Louisburg Square."

It will be remembered that Father Osborne is the founder of the guild in America, and has always taken a keen interest in the nursing profession. It is possible that nurses from a distance could arrange to be in Boston for the day and would be glad to avail themselves of this opportunity. We are glad to learn that Mrs. Stockwell and Miss Durand, two of our associates who have been ill, are now convalescent. Mrs. Davis and Miss Tippet attended the July meeting of the Guild of St. Barnabas in London, England.

BOSTON.—One of the most charming afternoon teas was given June 3 by Mrs. Larz Anderson at her beautiful home, "Weld," Brookline, Mass., to the Boston Branch of the St. Barnabas Guild for Nurses. Carriages and automobiles were waiting at the end of the car line to convey the guests to the house. Mrs. Anderson was assisted in receiving by Miss Elizabeth H. Harries, a member of the guild.

The house is one of the most beautiful about Boston, built on a high hill, having a grand view of the surrounding country. Mr. and Mrs. Anderson took much pleasure in showing the many curios gathered in their travels around the world, which were most interesting and much admired.

An enjoyable collation was served in the beautiful dining-room. Miss Anna Weld, of Jamaica Plain, a cousin of Mrs. Anderson, and Miss Bessie Seabury, of Boston, poured tea, after which Mr. Anderson was most kind in showing the Italian garden and stable, which, by the way, is considered one of the finest in the States.

Mr. and Mrs. Anderson were an ideal host and hostess, and never were guests more delightfully entertained.—E. H. H.

BROOKLYN LETTER.—The regular monthly meeting of the Brooklyn Branch of the Guild of St. Barnabas was held on April 21 with the usual order of services. Three members from the Seney Hospital were proposed. At the social hour following the business meeting the members were entertained with music and refreshments were served.

On account of the severe storm the March meeting was suspended. At the May meeting one new member was proposed.

Since the consecration of Bishop Burgess there has been no settled rector at Grace Church, consequently we were unable to have the corporate communion on St. Barnabas Day as usual. In default of this custom the members attended their own churches, in some instances several joining at one church. The largest number attended St. James's Church.

The annual sermon was preached by the Rev. Edward M. McGuffey, rector of St. James's Church, Elmhurst, in St. Stephen's Church on June 16, the rector of St. Stephen's, the Rev. Henry T. Scudder, being chaplain of the guild.

On Monday, June 16, the final service and meeting for the season was held in Grace Church and Parish-House as usual. Election of officers took place, the present staff being reelected, namely: Chaplain, Rev. Henry T. Scudder, 194 Clinton Street; secretary and treasurer, Miss K. B. Edgar, No. 12 Cambridge Place.

Delegates to the General Convention were appointed, the chaplain, secretary, and one member, Miss David, with Miss Sanderson as alternate.

A social hour followed, when cake and ice-cream were served. A number of nurses having left the city, the number present proved less than was anticipated, consequently the balance of the bountiful supply of cream and cake was carried by the members to St. Christopher's Hospital for Babies and Sick Children, a few blocks away, where it was gratefully received.

Miss Florence Tildesley has charge again this year of St. John's Guild Hospital, Staten Island. Miss Fuller is doing a fine work at the Summer Home of the Children's Aid Society. Miss Prudy is in active work with the Red Cross Society.

The report of Brooklyn Branch of the Guild of St. Barnabas is quite satisfactory. Financially we are in a good condition. Although our branch does not reach the numbers of some other branches, those who are enrolled are loyal and true, and always attend the meetings when duty does not require their presence elsewhere.

TRINITY BRANCH, CHICAGO.—The annual meeting of the Trinity Branch of the Guild of St. Barnabas was held in the Parish-House Wednesday evening, June 11. Our chaplain, the Rev. N. N. Wilson, held a celebration of the Holy Communion for the members of the guild at eleven o'clock in the morning of the same day. We were disappointed at not having a larger number of members present at the meeting, but so many of them were on duty that not more than twenty-five were present. On reviewing our past year, we think that on the whole we have had a successful one, and that a good deal has been accomplished in a quiet way. We feel, notwithstanding, that there is yet much to be done, but we nurses are rather slow to act, and there is always so much to hinder us that we are apt to let the time pass without making any definite move towards a particular object.

The Rev. N. N. Wilson opened the meeting with the usual prayers of the guild, after which the secretary's report was read and approved, also the report of the treasurer. A report was also read from Mrs. Bouchier, the treasurer of the sick benefit fund, showing about one hundred and sixty dollars in the treasury. We ought to have more than that, and we hope to have before very long. The election of officers then took place and both Miss Anna Wells Lee, secretary, and Mrs. John Rouse, treasurer, were unanimously reelected. We feel that we can never give them up. A vote of thanks was given to our chaplain and officers for their untiring efforts on behalf of the guild, also to Mrs. Bouchier

for all she has done towards increasing the sick-benefit fund. After the business was concluded a little social time was spent, and after refreshments were served the meeting adjourned.

PROVIDENCE BRANCH.—St. Barnabas Day, June 11, was observed by a celebration of the Holy Communion at half-past nine by the chaplain at St. Stephen's Church.

In the afternoon the guild went to Hunt's Mills for their annual meeting.

The resignation of Mrs. Buffum, who has served the guild so faithfully as secretary for the past two years, was heard with much regret.

Miss Mary Peck was elected secretary and Miss Mary L. Austin reelected treasurer.

At the close of the business meeting ice-cream and cake were served by the associates.

INTERCESSION AT ST. PAUL'S.—During the week that the King lay ill there gathered one evening at St. Paul's Cathedral a throng of practitioners of the healing art in order to join in a solemn service of intercession for the recovery of the King, and to offer up their prayers to Almighty God that He would prosper the means employed by those members of the profession who were attending his Majesty in his sickness. Although the service was organized by the provost and council of the Guild of St. Luke, it was intended that the whole profession should be represented, and so tickets were forwarded by Dr. Russell Wells, the registrar, to all medical practitioners resident in London. Many applications for seats were received from doctors in the provinces, and as an opportunity of joining in the supplication for the restoration to health of the stricken monarch was also afforded to the general public, Wren's building was almost completely filled. In the musical portions of the service the combined choirs of St. Matthias's, Earl's-court, St. Matthew's, Westminster, and St. Mary's, Graham Street, took part. After the hymn, "Thine Arm, O Lord," was rendered, and the opening prayers intoned by the Rev. E. P. Williams, the Litany was sung in procession to a setting by the Rev. J. B. Croft. In this procession, and forming the centre of observation and interest, walked the doctors, more than fifty in number, in their robes of many hues. Among the gathering were to be desecrated M.D.'s of the University of London in crimson and violet, Cambridge graduates in scarlet gowns, Edinburgh men in red and deep purple, physicians and surgeons from Durham in gowns of red set off by "Palatine" purple, and those of St. Andrew's in red and white. Accompanying them in their progress through the cathedral were three lady graduates, wearing gowns of scarlet over pale blue, who retained their "mortar-boards" throughout the service. As the service was of penitential character the procession passed along the north aisle instead of the south. During its journey the congregation remained kneeling. On returning to the choir, the hymn, "O Saving Victim," was sung, followed by the first verse of "God Save the King," rendered by tenor soloist and choir, the congregation joining in with fine effect. The lessons were read by the Arch-deacon of London, the first being taken from Isaiah xxxviii., verses 10-21, the second from 1st Peter, chapter ii. Appropriate to the occasion were the Psalms xci. and ciii., for which Gregorian tones were employed. Then came the hymns, "O God, our Help in ages past," and "Before the ending of the day," and the service concluded with three special prayers for the King, after which the throng of worshippers quietly dispersed.

PRACTICAL HINTS



THE PREPARATION OF RUBBER GLOVES FOR SURGICAL USE.—This can best be accomplished where there are the conveniences of hot- and cold-water faucets. As the soiled gloves are returned after operations it is a good plan to place them immediately in a pail of tepid water, to which a little washing-soda has been added. This softens up, and prevents the blood from drying on the rubber.

The gloves are then taken out separately and laid on a slab, and scrubbed with a fairly stiff brush and a weak soda solution: should there be any difficulty in removing some of the stains a little ordinary borax soap may be used, though, as a rule, the soap tends to leave the rubber sticky.

In scrubbing the gloves care must be taken that they are thoroughly cleaned, especially about and between the fingers, and, of course, they must be cleaned on both sides. In order to turn them, first pass the fingers downward through the opening, as though to invert the glove, and then fill up the pocket, or palm, with water, when it will be found that the force of the weight will make the fingers fall readily into place again—only the glove has been turned.

Now they must be well rinsed, and the best and easiest way to do this is to hold them under a running hot-water tap, and as each one is finished lay it with the fingers higher than the opening, so that most of the water may drain off.

It is important that the gloves be well dried after cleaning, and for this purpose use a good, firm, dry pad to work upon (a folded sheet answers well), and use soft absorbent towelling for the drying.

When one side is thoroughly dry commence to turn the gloves as before by passing the fingers through the opening; shake them down as far as possible, then fold or close the opening, and by holding it so, at either end of the aperture, firmly stretched, throw the glove once or twice over itself, when the palm will become filled with air, then by squeezing this on towards the fingers, they will be forced out again to their natural shape. If this cannot be readily accomplished, it is either because the glove was not held firmly enough and the air was allowed to escape, or because there is a puncture somewhere.

After thoroughly drying on both sides the gloves may be prepared for surgical use.

Some surgeons prefer having them powdered inside, for in this way they are much more easily put on. Talc, or soapstone powder, is perhaps the most satisfactory, and in order to apply it, sprinkle freely on the glove and distribute it evenly with the hand or a piece of gauze, then turn your glove once more, so that the powder may be on the inside.

Gloves are sterilized by boiling usually, and to keep the inside dry, take each pair, place the folded openings together tightly, in several folds, and secure them by a firm tourniquet of small rubber tubing: this, if properly adjusted, will prevent any water from getting inside.

Four pairs of gloves are generally required for each operation, and they may be placed in a bag made with a pocket numbered for each pair, or they may be rolled in a towel and boiled for ten minutes.

(Method of the Massachusetts General Hospital Amphitheatre.)

MARGARET P. PRIDHAM.

SIMPLE METHOD OF ARTIFICIAL RESPIRATION.—Dr. J. V. Laborde, of Paris, has published the following simple method for the restoration of drowning persons. The translation is from a leaflet which he distributes among his pupils, and in one case cited, a child that had been submerged fifteen minutes, breathing was restored in ten minutes:

"1. As soon as the drowning man has been taken from the water, force open his mouth. If the teeth are clenched, separate them with the fingers or by means of any hard object—a piece of wood, the end of a cane, the handle of a knife, of a spoon, of a fork.

"2. Firmly seize between the thumb and the first finger of the right hand the end of the tongue, using your handkerchief or any piece of linen to prevent the tongue from slipping; then repeatedly, rhythmically, and with decision pull it from the mouth and relax it alternately—at the rate of at least twenty times a minute, imitating the cadenced movements of expiration and inspiration.

"3. At the same time introduce far back into the throat the first finger of the left hand, pressing upon the base of the tongue, so as to induce vomiting, and thus free the stomach of the water or food which encumbers it.

"4. This treatment, the most efficacious known method of bringing back the respiration, must be begun without the slightest delay, and persistently continued for a half-hour, an hour, or more. At the same time all the usual remedies must be applied. Most important are the removal of the clothing, friction over the whole body, pressure upon the anterior part of the chest, the restoration of the bodily heat, and, where it is possible, the application upon the region of the heart of compresses of very hot water.

"The same method may and should be applied, in the same manner, in all cases of asphyxia and of syncope (loss of consciousness), from whatever cause."

TYPHOID FEVER FROM SOURCES OTHER THAN WATER SUPPLY.—Burying typhoid material in the earth without adequate disinfection is the surest way of perpetuating the disease and causing it to become endemic. The bacillus grows to the surface like a fungus in a hot-bed and there is evidence that it thrives luxuriantly amidst processes which originate nitrites and nitrates in soil and water. The water may be contaminated from these deposits, infection may be carried from them by flies or the wind, or garden produce may be polluted. The closet arrangements at many picnic grounds are responsible for cases. There may be a spore stage in which the disease is air-borne. Instant disinfection of dejecta with copper sulphate would almost make the disease extinct in a year.—H. M.



OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

PROGRAMME of Ninth Annual Meeting, Detroit:

Monday, September 8.—Council Meeting at the Farrand Training-School.

Tuesday, 9th, 9 A.M. (one session).—Address of the president, Mrs. Gretter; reports of committees and officers; election of new members; papers on "Preparatory Teaching."

Wednesday, 10th, 9 A.M. (one session).—Class clinical teaching; papers on "Discipline;" examinations and markings.

Thursday, 11th, 9 A.M. (one session).—The progress of training-schools on the Pacific Slope; legislation for nurses; election of new officers; concluding business.

L. L. Dock, Secretary.

NATIONAL ASSOCIATION OF HOSPITAL SUPERINTENDENTS

THE date set for the Annual Conference of the National Association of Hospital Superintendents is October 14, 15, and 16. The head-quarters will be at the Hotel Walton, Philadelphia. There are a number of other hotels at different rates in the immediate vicinity, where members can obtain comfortable accommodations.

The following excellent business programme has been arranged, and there is no doubt but that the papers and discussions will be of great benefit to all who attend.

The committees are made up of representative hospital superintendents of this country—gentlemen who have spent many years in the study of hospital problems.

The social features of the occasion, which are furnished visiting members without expense, will consist of a trolley ride through Fairmount Park, the Wissahickon Drive, and the Centennial Grounds, also reception and lunch at the Pennsylvania Hospital, which is the oldest hospital in the United States. The annual banquet will be held in the evening of October 15, and a theatre party on the evening of the 14th. It is also planned to have the members visit Inde-

pendence Hall, the United States Mint, the Cramp Shipyards, Baldwin Locomotive Works, and Girard College.

Free transportation will be furnished all members and their wives from Philadelphia to Atlantic City and return. These tickets will be available for use the day after the adjournment of the conference, and the return trip can be made at any time.

All who are interested in hospital work should plan now to attend this conference. The social and professional features are so great that no one can afford to miss them. Prominent Philadelphians will address the conference at the opening session.

PROGRAMME.

TOPIC 1—*The Relation of Politics to the Hospital.*—Committee: John Feherbatch, chairman, Cincinnati Hospital, Cincinnati, O.; William M. Geary, Philadelphia Hospital, Philadelphia, Pa.; Dr. E. J. Gilray, Erie County Hospital, Buffalo, N. Y.; Dr. Walter Lathrop, State Hospital, Hazleton, Pa.; Miss Elizabeth Lounsburg, Presbyterian Hospital, Cincinnati, O.; Dr. J. C. Biddle, State Hospital for Injured, Ashland, Pa.

TOPIC 2—*The Managers and the Superintendents.*—Committee: Dr. G. H. M. Rowe, chairman, Boston City Hospital, Boston, Mass.; Dr. H. B. Howard, Massachusetts General Hospital, Boston, Mass.; Dr. Charles O'Reilly, Toronto General Hospital, Toronto, Canada; A. T. Putnam, Grace Hospital, Detroit, Mich.; James P. Woodward, McKeesport Hospital, McKeesport, Pa.; Miss H. Wishert, Emergency Hospital, Warren, Pa.

TOPIC 3—*Hospital Reports and Records.*—Committee: James R. Lathrop, chairman, Roosevelt Hospital, New York, N. Y.; Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.; J. R. Coddington, General Hospital, Elizabeth, N. J.; Miss M. P. Vaughan, Germantown Hospital, Germantown, Phila., Pa.; George T. Bailey, Jr., Jefferson Hospital, Philadelphia, Pa.; Dr. George T. Stewart, Bellevue Hospital, New York City.

TOPIC 4—*Dispensary Service.*—Committee: Dr. C. Irving Fisher, chairman, Presbyterian Hospital, New York, N. Y.; A. W. Shaw, Harper Hospital, Detroit, Mich.; L. C. Randall, Riverside Hospital, Buffalo, N. Y.; Miss Dorothy E. Skriver, Lancaster General Hospital, Lancaster, Pa.; Dr. John M. Peters, Rhode Island Hospital, Providence, R. I.; S. L. Tatman, Mt. Sinai Hospital, New York, N. Y.

TOPIC 5—*Hospital Construction.*—Committee: C. S. Howell, chairman, Western Pennsylvania Hospital, Pittsburgh, Pa.; Dr. Frank E. Baker, City Hospital, Newark, N. J.; George G. Sawyer, Baptist Hospital, Chicago, Ill.; L. W. Weigand, Eastern District Hospital, Brooklyn, N. Y.; Mrs. M. H. Laurence, Franklin County Hospital, Greenfield, Mass.

STATEMENT OF THE PUBLICATION COMMITTEE OF THE NEW YORK STATE NURSES' ASSOCIATION

To the Nurses of New York State.

The Publication Committee of the New York State Nurses' Association, under instructions from the Executive Committee, issues the following statement to the nurses of the State who have not been able to attend the meetings during the past year.

The first general meeting, held in Albany, April 16, 1901, was announced

as widely as possible beforehand through the nursing journals, the public press, and by notices sent to training-schools and individual nurses so far as addresses could be obtained. At this first meeting Miss S. V. Nye, of Buffalo, was elected president, with Miss E. C. Sanford, of Rochester, secretary; and a constitution was adopted consisting only of the three articles required by the incorporation papers, viz.: the name, the objects, and the officers of the association. The by-laws were purposely left to a later meeting in order to give time for nurses to think well over the requirements for membership and that each step might be taken slowly and carefully.

The second meeting was held in New York, January 21, 1902. At this meeting the eligibility for membership was agreed upon, viz.: that graduates from all general hospitals giving a two-years' course, and graduates from any State hospital for the insane giving a course equal to that of the New York State hospitals for the insane should be eligible for membership. Nurses who were trained before 1897 are eligible who had only one-year's training. The size of the general hospital is not considered, and by general hospital is understood a hospital where general diseases are nursed.

The by-laws were not finished at this second meeting, but the association voted that incorporation papers should be obtained, and this was done before the third meeting.

The third meeting, which was also the annual meeting, was held in Albany, April 15, 1902. The by-laws were finished and formally adopted and new officers elected, the secretary remaining the same.

With the beginning of its second year, the work of organization being finished, the association is now in a position to take definite steps towards raising the standard of nursing in New York State.

It has always been understood that the work of a State society of nurses is to secure laws which will establish a uniform and definite basis for the practice of nursing, just as the State medical societies have had laws passed which regulate the practice of medicine, and although not stated in so many words in the constitution, one object of the New York State Nurses' Association, as stated at every meeting and in every announcement, is to work for legislation as a means of raising the standard.

What can legislation do for nurses? It can do this: it can prevent a probationer or pupil dismissed for unfitness from donning a uniform and calling herself a trained nurse, thus imposing upon the public and endangering the lives of sick people. True, it cannot prevent the public from employing such women if they choose, but it can prevent the public from being deceived. Such women must be known for what they really are, untaught and untrained women, and in this way they will be prevented from competing with the fully trained nurse who has given two or three years to the study of her profession. Then, little by little, and year by year, the law can require the training-schools to give better and more complete training. It can fix a "minimum" standard of teaching. This will be what we all agree upon as the least that any woman ought to know in order to call herself a trained nurse.

The New York State Nurses' Association is now taking the first step towards the passage of such a law. Its Legislative Committee is taking the advice of members of the Board of Regents towards forming a legislative act to this end, and now we call upon all nurses of New York State who care for their profession to give their help. What can they do?

First, they must be interested. So far the private-duty nurses, who are the

very ones who suffer most from bad conditions, have taken the least interest. We call upon them to inform themselves as to this movement. If they belong to alumnae associations or general nursing clubs, they should see that their society or club joins the State Association. If they do not belong to any society or club, they should join the State Association as individuals.

Next, they should talk of the importance of this movement to their patients, to the physicians with whom they work, and to their friends. They should explain the dangers to the sick, especially when the doctor is not near at hand, and the wrong to themselves of the present lax methods in nursing.

They must do all in their power to reach the politicians who will vote in the Legislature. They must interest all the people they know who have influence in reform movements, such as the members of women's clubs and those prominent in educational matters.

New members may be admitted at any regular meeting provided their application has been made two months previously, therefore nurses wishing to enter at the next meeting should write at once to the secretary, Miss E. C. Sanford, 149 Chestnut Street, Rochester, N. Y., who will send them copies of the constitution with any information desired.

Private nurses, if they are interested, can be a great power in this movement through their personal influence with the people with whom they come in contact. We make this appeal to every nurse in the State to do her share in the uplifting of her profession.

SOPHIA F. PALMER,
LAVINIA L. DOCK,
FRANCES BLACK,

Committee on Publication and Press.

ROCHESTER, N. Y., July 20, 1902.

[Two thousand copies of the above circular are being mailed to nurses in New York State.—Ed.]

THE BOSTON CITY HOSPITAL NURSES' ALUMNÆ ASSOCIATION

ON Tuesday, June 3, the Boston City Hospital Nurses' Alumnae Association held its annual meeting at the Riverside Recreation Club-House.

Very interesting reports of the Fifth Annual Convention of the Nurses' Associated Alumnae that has recently taken place in Chicago were received from the delegates.

The announcement that the next convention would be held in Boston was received with enthusiasm. Various methods were discussed in regard to enlisting all the graduates as members of the Alumnae Association. The members will receive notification of an additional meeting in January.

A warm tribute was paid to the value of *THE AMERICAN JOURNAL OF NURSING* in keeping nurses informed in regard to all progressive movements in the nursing world. The chair was instructed to appoint a committee to confer with the Nurses' Alumnae Associations in Boston and vicinity in the matter of State registration for nurses.

The association endorsed the action of the Executive Committee in sending a remonstrance to the Committee on Ways and Means in regard to the proposed enactment regulating the hours of work of nurses and attendants in hospitals and asylums. The stand was taken that nurses are pupils receiving an educa-

tion or that they have a recognized calling or profession, and are not to be considered as laborers or followers of a trade.

After the business of the hour was over Miss Mary M. Riddle, the president for the last five years, vacated the chair for the incoming president, Miss Sara A. Bowen.

The secretary, Miss Elizabeth C. Fairbank, and the treasurer, Miss Alma C. Hogle, were retained in office.

A very delightful social hour, followed by refreshments, brought the annual meeting of 1902 to its close.

THE NEW JERSEY STATE NURSES

At the meeting of the Medical Society of New Jersey, held in Atlantic City, June 17, a resolution was passed expressing sympathy with the nurses of New Jersey in their efforts to establish a legally organized body, and endorsing the aims of the New Jersey State Nurses' Association.

E. FAHRINGER, Secretary.

CONGRESS PROCEEDINGS

The bound volume of the Congress proceedings is now ready—price \$1.25—to be ordered from the secretary, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.

REGULAR MEETINGS

BUFFALO.—The regular annual meeting of the Erie County Hospital Alumnae Association was held in the parlors of the "Cottage," June 4, at three p.m., the president, Miss H. McKinnon, in the chair. The yearly reports were read and accepted. One new member, Miss Annie Foster, Class of 1901, was elected to membership. The election of officers resulted as follows: President, Miss Hughanna McKinnon; vice-president, Miss Ellen Mullet; secretary, Miss Emma Keating; treasurer, Miss Adele M. Swain; Executive Committee—Miss Marie Flickinger, Miss Laura Reid, Mrs. L. H. Pfeffer. A committee of three, consisting of Miss Keating, Miss McKinnon, and Mrs. Pfeffer, was appointed to work on the revision of the constitution and by-laws of the association. On motion of Mrs. Pfeffer, the meeting was resolved into a committee of the whole to discuss the revision, so that the committee might receive any suggestions the members might give. Miss Jennie M. Cox, the delegate appointed to attend the National Associated Alumnae meeting, held in Chicago in May, read an excellent and enthusiastic report of the meeting and took the occasion as a good time to impress upon all nurses how necessary she thought it was that each nurse should be a subscriber to *THE AMERICAN JOURNAL OF NURSING*. At five o'clock the meeting adjourned to meet the first Wednesday in September.

ROCHESTER.—At the regular meeting of the Rochester City Alumnae, which was held July 8, only a few of the members were able to be present. The names of four applicants for membership were read and one resignation announced. The registrar's report was given, followed by Miss McLaren's report of the Convention of the Associated Alumnae.

BROOKLYN.—The Alumnae Association of St. Mary's Training-School, Brooklyn, held its regular quarterly meeting at St. Mary's Hospital on Monday, July 7, at four P.M. Five nurses were proposed for membership. After the business meeting the members enjoyed a social hour. The meeting adjourned to meet the first Monday in October.

MILWAUKEE.—A special meeting of the Nurses' Alumnae Association of the Milwaukee County Training-School for Nurses was held at the Nurses' Home June 21, 1902. The following new officers were elected: President, Mrs. F. Patterson; first vice-president, Miss C. Kickhoefer; second vice-president, Miss B. Naustraot; treasurer, Miss E. D. Smith; secretary, Mrs. Maude Sullivan.

PATERSON, N. J.—The Alumnae Association of the Paterson General Hospital held its annual meeting on Tuesday, June 3, 1902, at three o'clock. The following officers were elected: President, Miss Rosine Vreeland; first vice-president, Miss M. Sherwood; second vice-president, Miss A. McEwen; recording secretary, Miss Elsie Post; corresponding secretary, Miss Jean H. Cochran; treasurer, Miss F. Demarest. Refreshments were served in the nurses' sitting-room after the meeting had adjourned.

PERSONAL MENTION

MISS HALL, of the Meadville Hospital, Meadville, Pa., has accepted the position as substitute nurse in the Middletown District Nurse Association for the months of August and September. Miss Hall has just returned from an extended visit in California.

THE many friends of Miss Hamblet will be pleased to learn that she is convalescent and able to leave the hospital, where she has been under treatment for some weeks.

MARY GRACE HILLS, the assistant nurse of the Middletown District Nurses' Association, spent the month of August in the wilds of Maine, camping.

MISS M. G. MARKHAM has gone for a six-weeks' visit to friends in Canada.

MISS ROWE will spend September in Boston.

MARRIAGES

IN Austin, Ill., July 23, Miss Harriet L. Sonn, graduate of the Illinois Training-School, to Dr. Geoffrey J. Fleming. Dr. and Mrs. Fleming will be at home after October 1 at 441 South Park Avenue, Austin.

At the home of her parents, in Goshen, Mass., Miss Edith Mary Dowkount to the Rev. Peter H. J. Lerrige, M.D. Dr. and Mrs. Lerrige go to the Philippine Islands.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

GERMANY

THE editor of the Foreign Department is intensely interested in items that have appeared lately in the Holland nursing journal *Nosokomos* regarding Fräulein von Schlichting, the late superintendent of nurses at the great Hamburg State hospital, which has one of the two most modern training-schools in Germany. According to *Nosokomos*, Fräulein von Schlichting has undertaken to organize German nurses on modern and self-regulating lines, has given up her hospital position in order to devote herself more fully to this work, and is meeting with much opposition from the medical and institutional authorities, who have so far ruled nurses' entire lives with absolute despotism, and is also confronted with discouraging unreadiness on the part of nurses themselves. Fräulein von Schlichting is one of the most able and forceful women that our profession can show anywhere, and is honorary vice-president of the International Council of Nurses for Germany. If anyone could arouse German nurses to ask for more elastic conditions of life and less severe conditions of work, she is the one. Until we hear from her we shall feel more or less in the dark, and can only wait to know more.

ENGLAND

Nursing Notes for July has the following editorial remarks on State registration of nurses:

"A newly constituted society for the State registration of nurses, recently formed by the Matrons' Council, met at Morley Hall on May 30. Miss Louisa Stevenson, who was to have presided, was detained in Edinburgh by illness, and the chair was taken in her absence by Miss Isla Stewart. The object of the society is to promote a bill in Parliament to provide for the legal registration of trained nurses. How far the present chaotic condition with regard to nursing matters would be remedied by State registration is a matter on which nurses as well as doctors differ, but there is certainly a growing opinion that some organization or centralization with regard to nursing matters is required. . . . The Royal British Nurses' Association hoped to organize nurses and register them, but as it consists of medical men as well as nurses it is not surprising that the management of affairs is not in the hands of the nurses, and that not much progress has been made in organizing them. . . . Nurses in America afford us an object-lesson in the way they organize their profession. Perhaps we have the germ of a like organization in such bodies as the League of St. Bartholomew's, and that of St. John's House nurses. It has always seemed to us woful that there is no organization of a professional nature among those of one training-

school who have severed connection with their alma mater. Individual friendship, as long as the matron who trained them remains at the hospital, may, and often does, exist, but we have no direct means by which the opinions of those who are at work in the wider nursing world can be made known to the parent stem, whose new sprouts would often be benefited by a little knowledge on the part of the authorities of what is the trend of public opinion, what are the new needs of the profession, and what are the developments taking place in a larger world than is bounded by the four walls of the beloved old training-school."

ITEMS

NURSES IN THE PUBLIC SCHOOLS.—The District Nursing Societies of Birmingham and Liverpool have for several years given object-lessons of what a trained nurse can do in the public schools. In Birmingham, about two years ago, on the request of the head teacher of one of the public schools, the society agreed to send a nurse daily to the school to dress small cuts, wounds, etc. Besides dressing the simple cases she directs many children to a dispensary or writes a note to the mothers advising them to call in a physician. The work is so satisfactory that urgent appeals have come in from other schools for a nurse, but the Nursing Committee could not afford more than one nurse for this work unless the schools could pay for their services. This they have not yet been able to do, but it is hoped that before long some way may be provided by which at least six more schools may have the nurses' services.

In Liverpool similar work has been done for five years by the Queen Victoria District Nursing Association, as this is considered a legitimate branch of district nursing work. *Nursing Notes* says:

"The work of these nurses having met with great success, arrangements were made by the council for carrying it on more systematically, by two nurses set apart for this purpose. During the last twelve months, though the work was only partially organized during the first three months, fourteen schools have been visited from once to three times a week, and over eighty thousand dressings were made. Of course, in the vast majority of cases the dressings were of an exceedingly simple character, but of their usefulness there can be no doubt. In some cases outbreaks of epidemics which might have been serious have been checked, and the teachers and managers of the schools have united in expressing their high appreciation of the value of the work done by the nurses. Perhaps the most striking recognition which this branch of the work has received was the circular issued by the Board of Education, in which they specially called the attention of all managers of schools to the importance of attending to the minor ailments of children, and specially commended the work being done by the district nurses in Liverpool."

MISS CATHERINE WOOD, of London, recently opened the new South Block of the Nurses' Hostel, of which she is manager and part owner, and visitors were invited to inspect the arrangements. This new block provides a large number of unfurnished rooms for the use of nurses who wish to furnish for themselves. The rent for these apartments varies from eight shillings to eleven shillings,—about two dollars to two dollars and seventy-five cents a week.

NURSING IN FIJI

By MISS MAY C. ANDERSON

Sister Superintendent

(Sent by courtesy of B. Granville Corney, Chief Medical Officer, Fiji, to the International Congress of Nurses, in 1901, at Buffalo)

AWAY in the distant Pacific, far from the centres of civilized life, one scarcely expects to meet with all the comforts so easily obtainable in large cities. Nevertheless, in one group of islands, one of the many in southern seas, we have our little hospital, which, though not an imposing edifice of stone, tiles, etc., still carries on its work from year to year, and achieves the primary end for which hospitals exist.

Many things have a humble beginning, and this institution is not an exception. The beginning was made in 1883 by erecting a few native houses of unsawn timber, reeds, and thatch; not aseptic, perhaps, many nurses may think, and quite correctly so, yet for a time they served their purpose in sheltering patients who came from neighboring or distant islands. Situated on rising ground, overlooking a beautiful harbor within coral reefs, and surrounded by tropical foliage, the spot was happily chosen for its future development. In course of time properly equipped wooden buildings superseded the primitive structures of thatch, and accommodation was provided for a much greater number of patients.

Until 1888 the hospital was in charge of a non-resident medical officer, and its domestic administration was presided over by an untrained matron who was kind, indeed, to the patients, but lacked the knowledge so essential in nursing the sick. The work of the wards was carried on by native and Melanesian laborers. The need for further improvement soon became very apparent, and the government decided to obtain the services of a trained nurse. Our pioneer sister was a lady from St. Thomas's Hospital, London, who bravely set to work to surmount the difficulties incidental to life in a new country, previous lack of nursing organization, and an unfamiliar vernacular. During the early years Europeans rarely sought admission to the wards, for it was regarded as a native hospital only, and many necessary comforts were wanting. The sister soon found that it was impossible to work on alone, and accordingly made arrangements to train probationers, one of whom remained to complete her training (three years), and for some time worked under a sister who was trained in the London hospital and succeeded the one previously mentioned. Subsequently the appointment again became vacant, and was next filled by an old-time probationer, who continues in charge at the present time. From 1888 forward a resident medical superintendent has been installed. The wards are nine in number, detached, and contain in all one hundred and seven beds. The operating theatre, dispensary, office, and eye-room are included in the block which contains the European wards, but there are also two separate private wards for the latter class. Our patients include a very mixed variety, Europeans, Fijians, Indian coolies, representatives from almost every island in the South Pacific, and a few stray Japs and Chinese. Owing to the natural formation of the land it was impossible to build the wards in regular pavilions, and perhaps, in a climate like ours, this is no disadvantage, on account of race prejudices. In fair weather the walk from ward to ward is pleasant enough, and nurses and patients almost live in the open air; but in the rainy season, which is a long

one, the task is not quite so easy, for the distances to be traversed are too great to permit of covered ways. This, however, is a detail—the roughs of life are ever mixed with the smooth, and the pretty surroundings in fine weather compensate for the disagreeables of the heat and rain. The buildings are all timber, surrounded by spacious verandas, roofed with shingles, the floors stained and polished, and all kept spick and span. The Europeans' wards are fitted with all the ordinary ward furniture and are very bright and cheerful. The native wards are not supplied with more than is really necessary, as native habits are usually somewhat grimy and disagreeable, and nurses must ever be on the alert to keep everything clean. Though the actual scrubbing, sweeping, and polishing is done by native ward servants, they are so untrustworthy that an untiring supervision has to be maintained over their work. Iron bedsteads are used throughout, and the Fijians use mats, blankets, and native pillows (a piece of wood or bamboo on two short legs, which supports the nape of the neck), not our idea of comfort, but sufficiently cherished by them. Very few indulge in the luxury of a soft pillow. Of course, patients who are very ill are provided with all that is necessary, but unless there is any reason why a change should be made we allow them to follow their own customs in so far as is consistent with good sanitation and discipline. Attached to each ward is a lavatory and shower-bath with an abundance of excellent water; for a daily bath is a necessity here, and often has to be insisted on. Not one of the least amusing of my duties is the early round and questionings to learn if each patient has had his "morning tub," and some of the evasive replies and frequently direct and unblushing falsehoods I meet with are very ingenious. The patient's delight is unbounded when he can show you some wet hair, and the laugh of satisfaction that passes around is infectious when a less fortunate perverter of the truth is promptly sent to have his bath.

As with all uncultured people, the Fijians have curious ideas about soap and water, and when not under European supervision they allow their sick to lie for weeks and even months and never dream of washing or sponging them, or even combing their thick hair. Imagine our feelings when such cases are brought to the hospital,—and those of the friends (who often stay a few hours) when they see the bath given. There is much, apart from actual nursing, that is interesting in the customs, ideas, and languages of the people with whom we have to deal.

Diets are sometimes a difficulty with native patients, and as we try to give to each according to his religious and caste prejudices, the diet-list often presents a very complicated bill of fare. Rice enters largely into all their meals, with bread, yams, taro, breadfruit, tea, all ordinary invalid delicacies, and some meat or fish. Smoking is habitual with all native races here, and is generally allowed outside or in the verandas, but patients sometimes steal a smoke in the wards, and pipe and tobacco are confiscated from a man who is not smart enough to hide them before a nurse appears. They love to secrete their little treasures under their mats, so, to keep the beds fresh, everything is sunned and aired each fine morning, and when the doctor comes round the wards really look very quaint, with the rows of beds, bright-fringed mats, with brown, black, and yellow patients.

The nursing of some of our patients is often difficult, for they cannot understand our reasons for much that is done, but on the whole they are amenable and, if persuaded and firmly treated, are fairly submissive. Every year adds some improvement to our wards or buildings, but, like *Oliver Twist*, we are

always wanting more, though by patient waiting and steadfast adherence to purpose we usually get what we want in the end.

Our admissions last year amounted to one thousand four hundred and seventy-two, but the number of out-patients treated is only about five hundred and fifty annually. The diseases met with are, *inter alia*, dysentery, yaws, ankylostomiasis, tuberculosis, internal and external parasites of all sorts, and many others with which most nurses have to deal.

Enteric fever is not prevalent in Fiji, but isolated cases sometimes occur and run a more or less irregular course. Your newly acquired territory in Samoa, or, at any rate, the German portion of those islands, whose people we consider our neighbors, has, however, quite an evil reputation with regard to that disease, and almost all the worst cases of enteric fever we have nursed in our hospital have been brought to us from the warships on that station.

Our operations are conducted on aseptic principles, and our death-rate for all admissions only averaged 3.56 per cent. in the last five years. The European staff consists of a resident medical superintendent, visiting surgeons and physicians, sister-in-charge, three nurses, and a steward. The dispenser is a native Fijian, who is clever and competent. Native students are trained here and receive a three-years' course of instruction in technical and practical work, after which, if successful in their examinations, they are sent out among the sick in the provinces. They sometimes work alone, but are for the most part under the supervision of a district medical officer. The cooks and other servants are Indian coolies.

The training for the nurses extends over three years. Lectures are given by the medical staff, and they receive instruction in practical ward work and invalid cooking from the sister. A certificate is given if the examinations are passed creditably. As well as our own work in connection with our wards, much is done to help the district medical officers and the native practitioners, who requisition all their supplies from this, the parent hospital as it were. The Fijian group comprises over two hundred islands, about eighty of which are inhabited, and some of these are very isolated. The total population is about one hundred and twenty-two thousand six hundred and seventy-three. It is thus a difficult matter to reach all the sick, but during the last three years provincial hospitals in charge of English medical men have been established and sanitary inspectors appointed to visit the more populated districts, so that at the present time the wants of the Fijian are being well cared for. In time we shall train more nurses, and some may like provincial work; just now the only trained nurses here are our own. Infant mortality in the villages is great. It is pitiful to see the condition of some babies brought into hospital, and to note the apathetic, ignorant helplessness of the mothers. It is almost useless to try and teach the present generation of mothers very much. On one occasion, after talking to a number of women for some time, and demonstrating how children should be treated from birth onward, they listened most attentively, agreed ostensibly with all I said, and admired our methods; but they finally remarked: "Yes, that is all very good and true for white people, but we are Fijians." As a rule, they are pleased when anything is done for the children, and the mothers, who often come in with them, severely scold the little things if they cry or show any fear of us.

In the native wards prayers are said every night and morning by one or another of the patients, who acts as a lay reader, and a hymn is sung in which everyone joins. Native games are played on the veranda, but nothing gives so

much pleasure as a pack of cards for euchre, and the boys' delight is unlimited when presented with a few marbles. Story-telling is a favorite pastime, and most natives are fluent speakers. One evening I listened to a man relating the story of "Dick Whittington and his Cat" to a most interested audience. So prolonged was the tale with additions from his own inventive brain that it was some time before I realized what he was talking of; unfortunately, my interest flagged early, and I bade them good-night and retired. The Fijian is very patient when ill and nothing worries him, except a milk diet, for which he has an intense dislike; but they are not hard to manage, and they never fear the approach of death.

If a nurse so wishes it, her life may be made very happy if she takes a genuine interest in her work and the people. The "off-duty" hours and holidays are liberal, and uniform is provided. People here are somewhat cut off from the world at large, Australia being eight-days' and New Zealand four-days' distant, but there is pleasure in looking forward to the arrival of the fortnightly mails; and, if we cannot visit historical places or have the advantages of more civilized lands and institutions, nature, at least, comes forward and offers a great deal that is beautiful and instructive to supply their place. Bright-foliaged crotons and coleuses grow in luxuriant profusion, and many other gay shrubs and flowers are used to adorn the many hills, slopes, and nooks provided by the natural formation of the land. The large crimson hibiscus grows exceptionally well and makes effective hedges to line the paths from ward to ward, so that the hospital is like a very picturesque rural village, and fulfils all the needs of a tropical climate.



CONTINUOUS BATHS IN SURGERY.—Pressly reports several cases, including crush of foot, severe contusion of thigh, pus infection of thigh, lacerated wounds, and burns treated with excellent results by means of the continuous bath. The water should be clean, preferably running, warmed to about the body temperature, and should have a specific gravity approaching that of blood serum. In addition to adding warm water every half hour it is necessary to change the entire volume of water three or four times in twenty-four hours. The specific gravity may be raised to approximate 1.028 by the addition to one drachm of common salt to the quart of water. Boric acid may be added for its antiseptic influence. Good results can be obtained with the ordinary bathtub and foottub. The following advantages are claimed for this method: 1. The warm water is an anodyne, and the patient suffers less pain and requires less opium than under any other treatment. The afflicted member being floated by the water, may be moved by the patient, and his comfort is again increased by not being forced to remain immovable for a more or less prolonged period. 2. The odor from offensive wounds is controlled better than by any other way. 3. It constitutes the most perfect drainage attainable. In superficial lesions the bath has its greatest usefulness, but even in deeper infections brilliant results are obtained. The bath should be kept up intermittently or continuously until the wound is protected by granulation tissue.—C. A. O.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING AUGUST 7, 1902.

ABEL, ROSE E., sailed from San Francisco on the Kilpatrick July 1 for duty in the Philippines; arrived in Manila July 29; assignment not yet reported.

Armistead, Amanda J., transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Ashen, Sarah C., transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Brown, Mrs. Jessie M., formerly on duty at Vigan, P. I., discharged in the Philippines to be married.

Bunker, Sara Russ, appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Cox, Sara M., transferred from duty at the First Reserve Hospital, Manila, P. I., to duty on transport Logan en route to the United States. Arrived in San Francisco July 8; on leave until further orders.

Daly, Annie A., appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Eastham, Marian, recently transferred to Manila, assigned to duty at the First Reserve Hospital.

Fairbanks, Helen G., transferred from the First Reserve Hospital, Manila, P. I., to United States for discharge. Arrived in San Francisco August 1.

Graham, Catherine B., transferred from the First Reserve Hospital, Manila, P. I., to duty on Logan en route to United States. Arrived in San Francisco July 8; on leave until further orders.

Hall, Mrs. Mary B., recently transferred to Manila, assigned to duty at the First Reserve Hospital.

Harroun, Mary I., transferred from the First Reserve Hospital, Manila, P. I., to duty on Logan en route to United States. Arrived in San Francisco July 8; assigned to temporary duty at the United States Army General Hospital, Presidio.

Hoffman, Matilda, assignment as chief nurse at Calamba revoked; sailed on Sheridan en route to United States. Arrived in San Francisco July 19 and assigned to temporary duty at the United States Army General Hospital, Presidio.

Kemmer, Alice S., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Logan en route to the United States, with orders to return to the Philippines; has requested discharge.

Kepkey, Georgia M., promoted to the position of chief nurse at Calamba, P. I., to date from June 8, 1902.

Konkle, Lena Luda, recently assigned to temporary duty at the General Hospital, Presidio, San Francisco, from the First Reserve, Manila, discharged.

Krauskopf, Lilian, transferred from the First Reserve Hospital, Manila, P. I., to duty on the Thomas en route to the United States. Arrived in San

Francisco August 1; assigned to temporary duty at the General Hospital, Presidio.

McEvoy, Anna E., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Sheridan July 16.

Plummer, Samantha C., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Sheridan en route to the United States. Arrived in San Francisco July 19; assigned to temporary duty at the General Hospital, Presidio.

Riordan, Marie A., transferred from the General Hospital, Presidio, San Francisco, to duty as instructress in cooking at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, Cal.

Roper, Mary Julia, appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Rourke, Louise R., recently transferred to Manila, assigned to duty at the First Reserve Hospital.

Smith, Stella, transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Sweet, Agnes, transferred from the United States Army General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Sherman July 16.

Trenholm, Eva, transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Underwood, Eleanor, transferred from the United States Army General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Sherman July 16.

Vanderhoef, Ida E., appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Warner, Mrs. Lena A., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Wattie, Jessie, appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

NOTE.—The reduction of the number of troops in the Philippines has transformed many of the base and brigade hospitals into ordinary post hospitals. It has never been deemed advisable by the Surgeon-General to employ female nurses at the latter, and consequently the number of places where trained nurses are serving is greatly reduced. There now remain but four such in the Philippines, namely, First Reserve, Manila, Convalescent Hospital at Corregidor, the Military Hospital at Iloilo, on the Island of Panay, and the one at Calamba, Luzon. The last brigade hospital to be closed was the one at Dagupan. As will be seen from the above notes, all the nurses have been ordered away from that place.

CIRCULAR
No. 4.

WAR DEPARTMENT,
SURGEON-GENERAL'S OFFICE,
WASHINGTON, June 6, 1902.

The following regulations governing the duties in hospitals of the personnel of the Army Nurse Corps are published for the information and guidance of all concerned:

DUTIES OF CHIEF NURSE.

A chief nurse is charged with the general superintendence and immediate control of the nurses in the hospital, and is responsible for their comfort, conduct, efficiency, and technical knowledge of nursing; she is under the immediate orders of the commanding officer of the hospital.

With the approval of the commanding officer she will appoint from among the nurses one who will act as the responsible head of each ward. This nurse should be selected with special reference to her professional and executive ability and her experience in administrative work. With the approval of the commanding officer a nurse will also be appointed in charge of the night service of the hospital.

The chief nurse will be responsible for the orderly condition of the nurses' quarters in all departments thereof, and all other matters pertaining thereto.

She will familiarize herself with the "Army Regulations" and the "Manual for the Medical Department," so far as they affect her duties, and will keep copies of these books for consultation by the nurses.

The chief nurse will instruct the nurses in military nursing and in the duties peculiar to army work, and give them every opportunity to become familiar with military rulings and precedents.

The chief nurse will see that the provisions of General Orders and the regulations made by the Surgeon-General or the commanding officer of the hospital with reference to the nursing service are faithfully carried out, reporting to the commanding officer any misconduct or neglect of duty on the part of the female nurses.

The chief nurse will prepare the efficiency reports as required by General Orders, No. 49, Adjutant-General's Office, June 3, 1902, and will specially observe the nurses under her, with a view to making recommendations for promotion.

When nurses are recommended for promotion they should be reported upon according to the following scale:

Ability to govern	20 per cent.
Adaptability to army work	10 per cent.
Practical nursing	10 per cent.
Executive experience	10 per cent.

(A special statement should also be made concerning the health of each candidate, both before and at the time of making the recommendation.)

DUTIES OF THE NURSE IN CHARGE OF A WARD.

A nurse assigned to duty in charge of a ward will receive no additional pay and her hours of duty will be the same as those of the other nurses; but she will be exempt from night duty unless acting as chief night nurse.

It will be her duty to keep the records and reports of her ward. She will assign beds to patients (under direction of the ward surgeon) on their admission to the ward, and will be responsible for the cleanliness of the patients and bedding and for the proper administration of medicines and diets ordered, allowing no unauthorized supplies in the ward.

She will be responsible for the enforcement of all rules affecting the nurses under her, and for all orders for the patients.

She will instruct the Hospital Corps men on duty in her ward in nursing,

and will report to the ward surgeon any neglect of duty by them, or any infringement of rules on the part of the patients.

She will be held strictly responsible that her assistants are in their places at the specified hour and in the prescribed uniform. Any failure to comply with these requirements must be reported at once to the chief nurse *in writing*.

She will assign the duties and hours off duty of her assistants (making report of the same to the chief nurse) and will see that they report promptly at the hour named.

When for any reason it is necessary for her to leave her ward she will assign one of the nurses to act in her place.

A ward will not be left at any time without a responsible head.

She will keep the keys of the medicine closet and will also be responsible for the economical use of all supplies.

Any breach of discipline or infraction of rules on the part of the nurses must be reported at once to the chief nurse.

Before going off duty she will write all orders, instructions, and notes that may be required for the guidance and information of the night nurse.

When the service requires a nurse may have charge of more than one ward.

DUTIES OF A NURSE.

A nurse will study and conform to the rules of military discipline and obey strictly and without question or delay any order which may be given her by her superior officers. Should there be any uncertainty regarding an order, it will be brought to the attention of the head nurse, who will immediately submit the matter to the medical officer who gave the order. She will familiarize herself with the details of the "General Orders for the Government of the Army Nurse Corps," of which she will retain a copy, and will study such portions of the "Army Regulations" and "Manual for the Medical Department" (which are in the custody of the chief nurse) as relate to the performance of her duties.

Nurses will begin their ward duties each day at such time as may be fixed by the officer in charge of the hospital. They will in like manner be relieved from duty at a fixed hour in the evening and will, when possible, be allowed two hours in the day for exercise and recreation, and such other time during the week as the work will permit. They will present themselves for duty dressed in the prescribed uniform. They will adhere punctually to their respective timetables and will be most particular to return at the exact hour specified. They will perform such duties as may be assigned them by the nurse in charge.

They will not visit other wards during their hours of duty by day or by night without special permission, and will not under any circumstances either remain in their own ward or return to it or visit other wards when off duty.

NIGHT DUTY.

All nurses except those in charge of wards will in turn be expected to serve on night duty for a period not exceeding one month at a time.

The same rules will be observed by night nurses as are in force for those on duty by day. The hours will be assigned by the commanding officer. The night nurse in each ward will make a written report on all orders, notes, and instructions which were given her, and other matters relating to the condition of the patients under her care, with other general information that it may be desirable for the day nurses to know.

When several nurses are on night duty the chief nurse will, with the approval of the officer in charge, appoint a nurse who will have the supervision of all nurses on night duty. This nurse will not be assigned to any special ward, but will make rounds at intervals during the night. She will see that all the night reports are full, accurate, and properly prepared. The same rules which govern the day nurses in charge of wards will apply to her.

Before going on duty she will report to the chief nurse for instructions, and before being relieved in the morning will make both a written and personal report to the chief nurse of the incidents of the night.

When a patient is dying she will see that the fact is promptly reported to the officer of the day, and will herself be in the ward with the regular nurse to render such advice and assistance as may be needed.

All deaths must be mentioned in her report to the chief nurse in detail, i.e., patient's name in full, rank, company, regiment, and hour of death, and stating also the names of those present when the patient died.

At the expiration of six months from the date of this circular officers in charge of hospitals where army nurses are serving will recommend to this office such amendments to these regulations as they may deem desirable.

GEORGE M. STERNBERG,

Surgeon-General, United States Army.



THY friend hath a friend, and that friend hath a friend; wherefore be discreet.

While the word is yet unspoken, you are master of it; when once it is spoken, it is master of you.—*Proverbs from the Arabic.*

BE careful that your mind become not the highway of sentiment instead of the fruitful field of generous affection.—WALTER SAVAGE LANDOR.

EVERY man feels instinctively that all the beautiful sentiments in the world weigh less than a single lovely action.—LOWELL.

THE good work of the world is done either in pure and unvexed instinct of duty; or else, and better, it is cheerful and helpful doing of what the hand finds to do, in surety that at evening-time whatsoever is right the Master will give.—JOHN RUSKIN.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

[We have in hand a number of interesting communications that have been sent anonymously to this department. The announcement is made in every number that without the name in full and address of the writer such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

DEAR EDITOR: I would like, if I may, to use the JOURNAL to ask the superintendents of other nurses' schools if they are satisfied with the educational methods being used and the results obtained in nurses' schools from an educational stand-point. I frankly confess that I am very much dissatisfied with both. We are certainly "training" our pupils, but we are not "educating" them. By the word "education" in reference to the nurse I do not mean an undue amount of book knowledge, but all those other points which are in reality of greater importance than theory—for with the nurse practice must ever be first, and theory be given to make her more perfect in her practical work.

The fact has been forcing itself upon me more and more strongly that we are not yet on the right track. We are not lacking in ideals or theories and it is not from want of trying on the part of heads of schools. The trouble is that we cannot reach our ideals or put our theories into practice. The best of theories give way under the stress of hospital work, and many, many times educational principles are sacrificed to the hospital work. The hospitals are not to blame for this—merely the method. Possibly if we keep on long enough with our present method of making ideals and trying to teach not only ourselves to live up to them, but in addition trustees and Boards of Lady Managers, superintendents, and the medical profession,—for in hospitals we are absolutely helpless without the support of all of these,—we may reach what we want. I doubt it, however. I am firmly convinced that our only educational salvation is to get the pupil nurse entirely under control of the nurse educator, which means getting her away from the hospital.

It has already been suggested that a central school for the preliminary training should be established, in which pupils should be instructed by nurses for three, six, or twelve months,—whatever the specified time,—and then sent to their chosen hospital school. Think of the luxury of having pupils entirely under the control of a teaching staff of nurses!

Why not go further and keep the pupil in that school under a staff of nurse teachers for the entire term of her course of instruction? Establish an American College for Nurses, established and directed by nurses!

There is nothing impossible about this; it only requires a little enthusiasm and energy. It would necessarily and advisably be started in a small way—nurses' schools started not long ago very humbly.

The present existing conditions in hospitals would not be interfered with, this being merely an additional and independent effort.

Nurses have many friends: the American public is generous and would subscribe enough to start it if they saw the advisability of doing so, and we—nurse superintendents and all interested in the education of the nurse—are the ones who should show them the importance of taking up this work. It is really a duty which we owe to pupil nurses.

This all sounds very crude, I do not doubt, and needs working out, but if we will only make the effort, it can be brought about. If we can get a small endowment, a few of the right women as its teaching staff, and a few pupils, the start is made. Its success, of course, will depend upon the ability and enthusiasm of its teachers and the support of the nursing profession. If a central place be chosen for the college, the domestic science schools I am sure can be prevailed upon to help out, possibly the medical colleges for some subjects.

For the teaching of the actual methods of nursing all that is necessary is to have the sick, and the sick abound in the large cities. I do hope other superintendents may feel as I do and be willing to at least consider this matter, and see if there is not something in it.

M. HELENA McMILLAN.

DEAR EDITOR: I note in the Report of the Fifth Annual Convention, held in Chicago, Ill., May 1, 1902, that Miss Lathrop, in her address of welcome, stated that there is in this country and abroad an active effort to place cases of acute mental disorder in the category of general hospital cases, and thus under the care of trained nurses.

I do not wish to criticise said address or the prevailing tendency to further and promote this innovation, but I would like to call attention to the expediency of carefully considering this problem before a definite conclusion has been reached in that direction, or until the present existing phase has been viewed in its true light.

Some of the disadvantages from a private hospital stand-point are as follows:

First. The lack of spacious grounds, which are so essential for recreation, fresh air, and sunshine.

Second. The financial aspect should be taken into consideration. The additional expense incurred in the erection of a private hospital, with thick and impenetrable walls, suitable for insane patients, would, in most cases, exceed the means of the most sanguine advocate, double-hearted as he may be, but single-handed.

Third. They have no facilities for entertaining and diverting the deluded minds of the insane, which is one of the primal features in the training of attendants in hospitals for the insane.

Fourth. This is an age of specialties. The physicians and attendants who devote their time exclusively to acute nervous diseases can with a greater degree of intelligence meet the demands and combat the obstacles that are sure to confront them every hour in the care and observance of acute mental complications.

From the personal experience which the writer has had, having graduated from a large private hospital training-school for nurses, and afterwards having been superintendent of nurses in a State insane hospital, she would say that the *modus operandi* of care and the treatment of cases and the private hospital regime and insane routine are vastly separate and distinct, and that if the two were combined and the outcome of the work noted carefully, we should soon reap the perilous catastrophes occasioned by such intermingling of patients.

The other side we will consider for a moment.

A medical and surgical hospital should be free from noise and everything tending to promote and occasion excitement; hence, unless windows were securely barred and doors locked the medical and surgical patients would be found laboring under an impending dread continually of being visited or attacked by some of those poor, unfortunate acute mental victims, who are by nature of their disease prone to make escape or attack someone.

In conclusion, I believe there will be manifold obstacles to surmount before the acme of such a combine can bud and ripen into the practicability of consigning insane patients to the care and keeping of private hospital domains.

BESSIE BANNISTER.

DEAR EDITOR: Having read your JOURNAL with interest during the past six months, and enjoying the information afforded, I would be pleased if you could give space sometime for a little explanation of the following. During the past spring in the vicinity where I reside a severe case of pneumonia was treated by the serum treatment. The patient recovered after a long convalescence. Very bad abscesses formed after the injection of the fluid.

Not having used the treatment in my practice yet, I would like to know something about it. Does it always cause the formation of abscesses? Does it act on the lungs directly? Are there heart complications to be watched for?

ALICE HEATLEY,

Nurse in charge of McKean County Home, Smethport, Pa.

[REPLY]

Pneumotoxin has been used in pneumonia in an experimental way for the last two or three years with rather doubtful results, about the same proportion of recoveries occurring with the use of the serum as without it. The majority of opinions is rather against its use, although, owing to the fact that the introduction of the serum does not interfere with the use of other remedies, those objecting do not urge their objection very strongly.

The serum is expensive and difficult to obtain, the process being somewhat similar to that used in producing the diphtheria antitoxin.

When given it is in the quantity of twenty-two cubic centimetres injected subcutaneously, repeated every six to eight hours until a marked change for the better occurs. Frequently one dose is sufficient, while at times three or four must be given.

Some authorities claim that the introduction of the serum counteracts the toxic effects of the germ, others that it acts directly on the germ itself.

Abscesses should not follow the introduction of the serum, and if such occur, they are probably caused by the impurities in the serum or, which is much more likely, to an imperfect technique and lack of cleanliness at the time of injection.

No heart complication arises from its correct use.

27 LARGO IL MIGNONE, FLORENCE, ITALY, June 2, 1902.

DEAR EDITOR: In this month's JOURNAL on page 686 I find a cure given for warts, and it occurs to me that some of your readers may be glad to know of another and very simple treatment the efficacy of which I can vouch for. From some friend or other I had been told of this cure, and having, in our Medical Mission surgery, a bad case of warts on the hand, for which all the caustic appli-

cations tried had proved useless, I thought to tell our patient of the remedy and let her put it to the test. When next I saw her it was several months later, and then no trace of the former disfigurement was visible. On inquiring I found that this was the result of the cure suggested. Since then I have recommended it to others with good results. The treatment is simply to suck the warts the first thing in the morning on awakening and *before* the mouth has been in any way rinsed out. The saliva has then a peculiar chemical action upon the warts and by degrees causes them to disappear. The treatment should be persevered in till this result is attained. As there is a chemical reason for this treatment, and it is so simple a one, it really deserves to be made known!

TH. A. ROBERTS,

Directress Florence Medical Mission.

DEAR EDITOR: The March number of your AMERICAN JOURNAL OF NURSING is before me. I have looked over "The History of Visiting Nurse Work in America," by Harriet Fulmer, and enjoyed it very much.

I write to say that she omitted a very important work of this kind being done in this city.

The church of which I am pastor has had a visiting nurse in the field for several years. Our present nurse is Miss Mary J. McKibbin, of Newburg, N. Y. Her work is most satisfactory, and the church is accomplishing much through her that it could not possibly do otherwise.

I would be glad if you notice this omission in your excellent journal.

With assurance of high regards, yours truly,

WILLIAM M. ANDERSON,

Pastor First Presbyterian Church, Nashville, Tenn.

DEAR EDITOR: Is there no way to do away with one great evil to our profession, and that is the graduating of pupils from hospitals of not more than fifteen or twenty beds? A board of directors start these hospitals oftentimes for private gain, and decide that the cheapest means of having the nursing done is the training-school. They then proceed to become incorporated and start a school for nurses. The pupils spend from two to three years under this management, generally obtaining only a surgical training, with insufficient theoretical instruction, little practical experience in general diseases, and absolutely none in maternity or contagious nursing. In spite of all this, however, at the end of the specified period, with a great flourish of trumpets, the public is invited to the graduation of these nurses(?), when it witnesses the presentation of beautifully engraved diplomas bearing on them huge seals and the names of numerous officers of the hospital and medical boards, and these women are launched on the world as trained nurses, and are in a position to compete with those of us who are graduated from the best training-schools. It seems to me that no State or province should incorporate a training-school in a hospital of less than seventy-five beds. There are numbers of good trained nurses who would be glad to do the work in these small hospitals at a fair salary, and the benefit to the hospital and public would be infinitely greater.

B. H. C.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

EDITOR'S MISCELLANY



[WE printed in this department in the August number a clipping sent to us, from what we supposed a reliable source, which we have since learned was inaccurate, and we make the following correction.—Ed.]

"THE SOCIAL HALLS ASSOCIATION" of New York, of which Miss Lillian D. Wald, of the Nurses' Settlement on Henry Street, is the president, has lately secured property on Clinton Street between Grand and Broome, and plans are being made for a five-story building to contain assembly- and waiting-rooms suitable for concerts, lectures, weddings, balls, religious services, etc., with a billiard-room, bowling-alley, and roof-garden, and the necessary kitchens and store-rooms to carry on two restaurants, a café for men with lunch-counter, and a restaurant for non-smokers. A stock company has been incorporated, and it is expected that with a moderate rate of interest the directors may make it a paying investment of three or four per cent. and still be able to give to the people treble the accommodations usually provided when such a building is erected as a purely business enterprise.

The people who enjoy the benefits of the building will pay moderately for what they have, and will be patrons, and not patronized, as is the case when an institution is conducted on a purely philanthropic basis. Heretofore the people living on the lower East Side have been obliged to make use of the halls adjoining the saloons, and, naturally, demoralizing results have followed. By providing an attractive meeting-place for boys' and girls' clubs and the various local organizations, and serving good food at moderate cost in an attractive manner for which a reasonable charge is made, the association is demonstrating a form of practical philanthropy the example of which will undoubtedly be followed in other cities. That the movement centres in the Nurses' Settlement is a matter of pride to the profession, and the results will be watched with great interest.

NURSES' SETTLEMENT, NEW YORK.—Within the past six months the settlement has been extended as follows: Under the special supervision of Miss Mabel Kittridge an apartment in an ordinary tenement has been rented and suitably furnished, and with such accommodations as the people may have in their homes all the lessons are given in house-cleaning, home-making, laundry, and "domestic science" in general. The rooms, attractive in their simple, inexpensive furnishings, make also a wholesome "resort" for the members of the classes.

A large house at 299 Henry Street had been purchased by the late Mr. Leonard Lewisohn for the use of the settlement, and the members of his family continue his generous relationship to the work.

One of the houses formerly used for residents and for the kindergarten is by this provision freed for the use of the young men and women who are members of the senior clubs.

A house overhanging the Hudson River banks has been built for the chil-

dren's and girls' use during summer vacation time, and plans are at this writing under consideration for a better equipped convalescents' home.

A camp for the boys in one of the outlying parks has been made possible through a friend of the boys and the granting of a site by the Park Commissioner.

The nursing staff has been enlarged by the College and University Settlements, each having one in residence, who is responsible for the calls in her vicinity.

BRITISH CONGRESS ON TUBERCULOSIS.—From the "Annual Report of the Matrons' Council of Great Britain and Ireland for 1901" we quote the following:

"On the invitation of the Convening Committee a delegate was appointed to attend the British Congress on Tuberculosis held in London in July. Miss Todd, matron of the National Sanatorium for Consumption, Bournemouth, kindly consented to act in this capacity, and subsequently presented a most interesting report of the proceedings, which demonstrated the success and usefulness of the congress and the impetus given to the closer investigation of the cause of tuberculosis.

"At the same time Miss Todd placed on record, with regret, the fact that no representative of the nursing profession was among the speakers at any of the meetings, or an invited participant in the discussions, while every other body of workers, such as those of public health, chemical and veterinary science, connected however remotely with medicine, had representatives who contributed to the debates as experts in their own subjects, and who watched the proceedings in the interests of the various societies who had nominated them.

"The need of such a nursing expert was specially felt in the State and Municipal Section, where the necessity of teaching the community at large the importance of light, ventilation, fresh air, and cleanliness, as prophylactic measures against disease, was greatly urged, and the difficulties of doing so discussed. None of the speakers seemed to realize how much is already done in this way by our magnificent organizations of district and parish nurses, whose work brings them into touch with the poor in their very homes." Miss Todd pointed out in conclusion that the carrying into effect of the various resolutions passed by the congress must very largely depend upon the loyal coöperation of members of the nursing profession.



EDITORIAL COMMENT



THE THIRD YEAR OPENS

WITH the October number this JOURNAL enters upon its third year. We take occasion to remind our subscribers who are interested in the welfare of the JOURNAL that renewals should be made promptly for two reasons:

First, because after an interval of two or three months we are not always able to supply back numbers, and the file is thus broken, and, second, because it is necessary for the managers to know at the beginning of the year approximately what the business outlook is to be. The members of the five organizations which this JOURNAL represents officially have all an interest in its success, and to these members we appeal for promptness in renewals and for their coöperation in broadening its field of usefulness.

THE PROFESSIONAL STANDING.

The professional standing of the JOURNAL is firmly and broadly established and recognized. Every day brings us renewed assurance of its value as a medium through which nurses are being brought into closer unison for the advancement and uplifting of the profession. Such questions as the management of directories, the establishment of club-houses, preliminary training, registration, and organization, with its multitude of allied subjects, have taken more definite form during the past two years, and we claim our just share of credit as a promoter of these projects.

Voluntary contributions from nurses increase steadily, showing a growing tendency towards literary expression that is most gratifying.

OUR ADVERTISING PAGES.

We have taken great pride during the year in the character and growth of our advertising pages. It has been our policy to accept only such material as we were justified in believing to be reliable, and it is being proven that by following this course we are securing an exceptionally high class of advertisers. We believe that in a professional journal of high aims and standards the advertising pages should be free from quackery, as well as the reading pages, and we ask our supporters to aid us in maintaining this principle by giving their patronage, when consistent, to those business houses who advertise with us, whose patronage is a necessary part of our business management.

HOW EACH ONE MAY HELP.

We repeat the request that we made last year, i.e., that each subscriber who is interested in the welfare of the JOURNAL and who wishes to aid in its success and development will, in sending her own renewal, try to secure one additional subscriber. If this could be done universally, it would be all the aid we should need to ask of a financial nature. Many of our readers have an opportunity to spread the knowledge of our JOURNAL among clergymen, teachers,

and that great army of men and women workers for the good of the public welfare whose lives touch that of our professional work at so many points. In this direction there is great opportunity for the nurse in private practice to do valuable work for the JOURNAL. We want such people to read it,—even if they do not subscribe for it,—that they may appreciate what nurses are doing for their own advancement, and what they are doing also for charity.

WHERE PROGRESS IS MARKED.

The idea of a different system of preliminary training has grown in a very marked degree during the year, and State registration has taken great strides.

The training-school superintendents of Boston have plans in connection with Simmons's College for a department for preliminary training. The Rochester Mechanics' Institute is practically ready to open such a course when the superintendents and hospital managers will agree upon a curriculum. The women at the heads of the training-schools in Philadelphia are agitating the establishment of an independent Central Nursing Institute, in which they have the support of Dr. S. Weir Mitchell and other prominent physicians.

The superintendents in New York City have been in conference in regard to preliminary training for the nurse schools of that city, and we believe the year to come will bring success to at least one of these groups of workers. Finances and a curriculum are the two points to be settled.

We shall give prominence to this work, from month to month, and watch the progress made in the different cities with great interest.

STATE REGISTRATION.

For the nurse in private practice the subject of State organization and registration is the vital one. The Publication Committee of the New York State Nurses' Association has issued a circular letter to nurses of the State setting forth the situation, and two thousand of these circulars will be mailed, but the difficulty of reaching the great numbers who are not organized is felt, and addresses sent to the secretary will receive prompt attention.

Miss Dock's "Compilation" in the present issue should be studied carefully, as it shows the consensus of medical opinion, which is of special interest at this stage of the movement.

That the New Jersey State Nurses' Association has received the endorsement of the New Jersey Medical Society in its plans for legislation is a matter for warm congratulation, which all nurses of other States must, we feel sure, join with us in extending to it.

TO WHOM THANKS ARE DUE.

We again make grateful acknowledgment to the scores of physicians and nurses who have aided us in many ways during the year, and to our staff of collaborators who have rendered such faithful service our thanks are cordially extended.

MEETING OF THE SUPERINTENDENTS AT DETROIT

The official notice of the ninth annual meeting of the American Society of Superintendents of Training-Schools for Nurses will be found on another page. During the past five years these meetings have been held in conjunction with

the alumnae meeting, and the interest has been felt to have been somewhat divided. This year every indication points to a very interesting and successful convention. The city is charming, the arrangements are most complete, and the subjects to be presented full of interest. It is not, perhaps, understood by all that superintendents who are not members are cordially welcome as guests, and nurses who wish to attend are free to do so, but, of course, only the members take an active part in the official proceedings. We call attention to Mrs. Gretter's letter in the August number, explaining the advantage of taking the boat at Buffalo, making part of the journey by way of the lake. This we know from personal experience to be a charming trip.

MORE OF THE SOCIAL

WITH September and October nurses' associations of various kinds will organize for the winter, and we venture to emphasize the point made by Miss McIsaac some time ago, that the tendency in making the programmes is towards too much of the instructive and educational and not enough of the social. We wish the entire group of nursing organizations would devote the coming winter to getting better acquainted with one another. We believe a season given up to social functions, theatre parties, even sewing-circles, would tend to bring the members so much more closely into sympathy that another year all the educational work would go forward with renewed vigor. Even the customary "cup of tea" taken hastily after a business meeting or lecture does not seem to aid very much in bringing together the members who are strangers to one another. Those who are already friends chat a moment together, and the pleasure is great, but at the end of a season the old and the new graduate are just as great strangers to one another as they were at the beginning of the season. Let some of the fun and nonsense that goes on in a nurses' home be brought into the gatherings of the graduates. There is nothing about private nursing that makes a woman forget how to dance, how to act charades, or plan a costume party, or even to play whist, tell fortunes, or make "fudge." There is talent enough in any group of fifty nurses to provide quarterly entertainments of a high social order, provided the spirit could once be made to move in that direction. If the old members have forgotten how, give the young ones a chance. An appreciative audience is a necessary part of the plan.

TABLE OF CONTENTS FOR THE FIRST VOLUME

INCLUDED with the Table of Contents of the second volume printed in the present number will be found the contents for last year, which was omitted when the first volume was closed. In future a more complete reference index will be provided.



